

A thick yellow diagonal line runs from the top right towards the bottom left, crossing the page.

# **INMAR RETURNS.ORG USER GUIDE**

A horizontal teal bar is positioned at the bottom of the page, containing the date.

OCTOBER 2020

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# CONTENT

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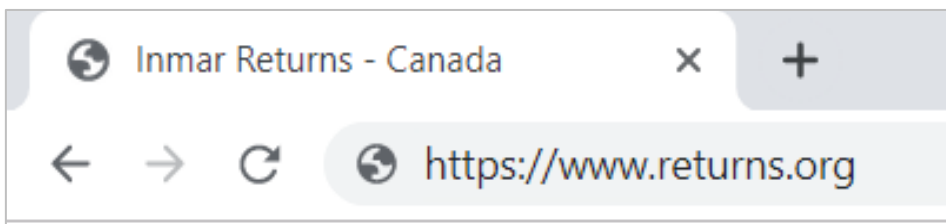
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# HOW TO LOGIN

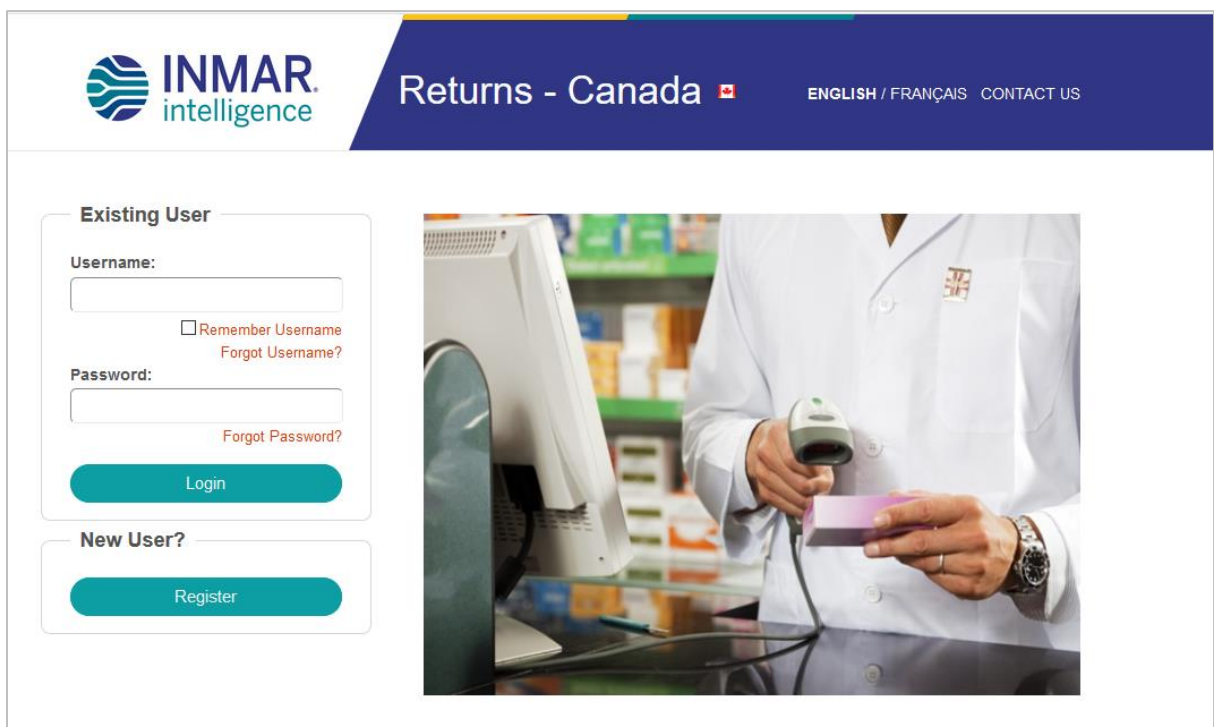
Check your system for the minimum and preferred requirements:

- Internet Browser: Google Chrome (preferred) or Microsoft Edge
- Microsoft Excel
- Adobe Reader
- Resolution: 1024 x 768 minimum



Login Instructions:


- Go to [www.returns.org](http://www.returns.org)
- Enter your username and password



## Registration Instructions:

- New users will need to register
- Select the “**Register**” button
- Fill in the required information
- You will receive two emails:
  - Immediate Registration Acknowledgement that your request has been received
  - Within 48 hours, confirmation of Username & Password.


Note: You cannot login until you receive the 2<sup>nd</sup> email.



# Returns - Canada

[REGISTER](#) [LOGIN](#)  
[ENGLISH](#) / [FRANÇAIS](#)

Home
Contact Us



## Register

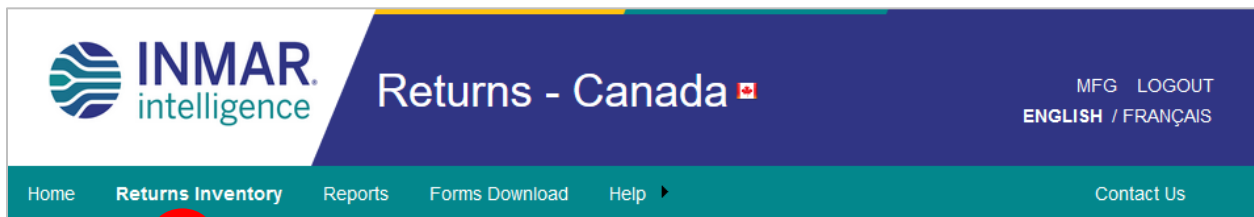
\*Note: Membership to this website is private. Once your account information has been submitted, the website Administrator will be notified and your application will be subjected to a screening procedure. If your application is authorized, you will receive notification of your access to the website via email. All fields marked with an asterisk (\*) are required.

| User Information  | Store Information  |
|---|--|
| <p>First Name*: <input type="text"/></p> <p>Last Name*: <input type="text"/></p> <p>Email*: <input type="text"/></p> <p>Address*: <input type="text"/><br/><input type="text"/></p> <p>City*: <input type="text"/></p> <p>Province*: <input style="border: none; border-bottom: 1px solid #ccc; background-color: #f0f0f0; width: 100px;" type="text"/> ▾</p> <p>Postal code*: <input type="text"/></p> <p>Country*: <input style="border: none; border-bottom: 1px solid #ccc; background-color: #f0f0f0; width: 100px;" type="text"/> ▾</p> <p>Phone number*: <input type="text"/> Ext.: <input type="text"/></p> <p>Fax number*: <input type="text"/></p> <p>Communication Language: <input checked="" type="radio"/> English <input type="radio"/> French</p> | <p>Store Name / Company*: <input type="text"/></p> <p>Store Number*: <input type="text"/></p> <p>NCD Licence #: <input type="text"/></p> <p><input type="checkbox"/> Hospital</p> <p style="margin-left: 20px;"><input type="checkbox"/> Inpatient pharmacy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Outpatient pharmacy</p> <p><input type="checkbox"/> Pharmacy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Independent pharmacy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Chain pharmacy</p> <p style="margin-left: 40px;">Head office <input type="text"/></p> <p><input type="checkbox"/> Wholesaler</p> <p><input type="checkbox"/> Representative</p> <p><input type="checkbox"/> Doctor's office</p> <p>Special Instructions: <input style="width: 150px; height: 40px;" type="text"/></p> |

# HOW TO CREATE YOUR RETURNS INVENTORY

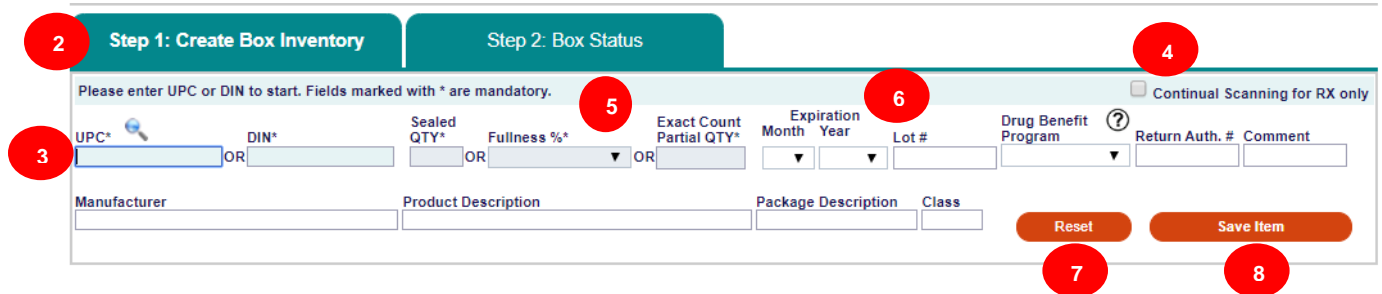
To inventory your pharmaceutical returns, complete the following steps:


## 1. Select “Returns Inventory”

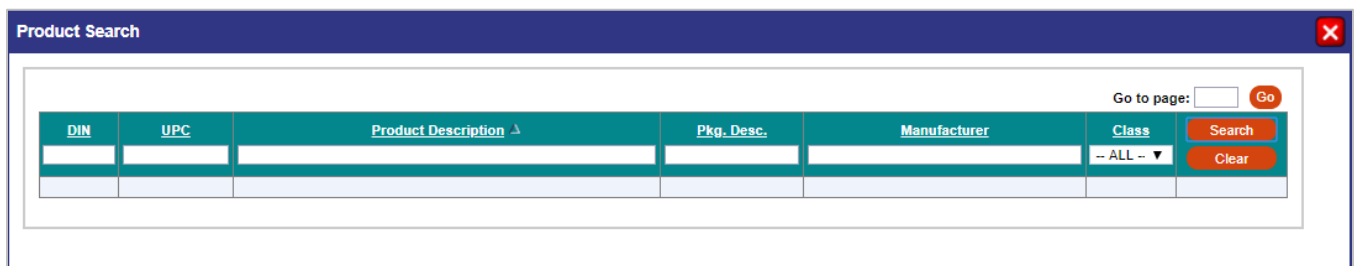


## 2. You will be directed to the “Step 1 Create Box Inventory” tab

## 3. Scan the UPC barcode or manually enter the DIN number of your product. Hit Tab or select a Quantity field. The system will search for the product and populate all applicable information.



If the DIN or UPC is not available, you may search for a product by selecting the  icon. Search options are as follows:



| DIN | UPC | Product Description | Pkg. Desc. | Manufacturer | Class     |
|-----|-----|---------------------|------------|--------------|-----------|
|     |     |                     |            |              | -- ALL -- |

If the product cannot be found, the adjacent message will appear.



If you would like to send the product for destruction only or contact Customer Service for a product inquiry, please click **“Send / Contact”**. Otherwise, press **“Cancel”** to continue adding your other products.

Once you select **“Send / Contact”**, complete the form below. If you would like to return the product for destruction only, select **“Add to send for destruction only”**. If you would like to inquire about this product with our Customer Service Team, select **“Contact Customer Service”**. An email response will be sent to you upon verification. The inquired product would not be added to the form.

**Unknown Product** ✕

Please enter the product information.

| UPC            | DIN      | Sealed QTY*          | Fullness %* | Exact Count Partial QTY* | Expiry month year | Lot #  | Drug Benefit Program | Return Auth. # | Comment |
|----------------|----------|----------------------|-------------|--------------------------|-------------------|--------|----------------------|----------------|---------|
| 1234567890     | 12345678 | 1                    | OR          | OR                       | ▼ ▼               |        | ▼                    |                |         |
| Manufacturer*  |          | Product Description* |             |                          | Pkg. Description* | Class* |                      |                |         |
| Manufacturer X |          | Product X            |             |                          | 100 TABS          | RX ▼   |                      |                |         |

Add to send for destruction only

Contact Customer Service

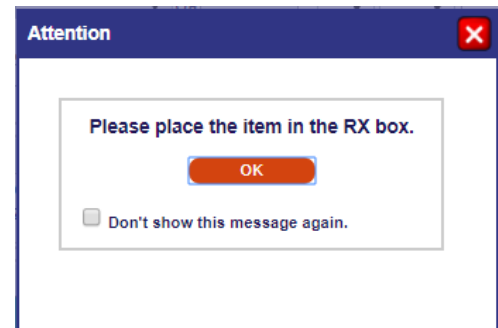
**Disclaimer:** Inmar will not be held liable or responsible for non-participating manufacturers' products or for destruction only products. No notification will be provided for such products upon receipt or prior to processing. Applicable charges will be invoiced to you for the handling and destruction of these products. Products will not be returned to you.

**Disclaimer:** For any product inquiry, select the "Contact Customer Service" button and an email will be sent to our Customer Service team. The product will not be added to the form. A response will be sent to your email address provided at registration.

4. If you have **Rx only** items that default to a full quantity of one (1) and you have barcode scanning capabilities, check **“Continual Scanning”**. Continual Scanning will assume your items are within the manufacturer’s return policy. Please ensure your scanner is configured to send scanned data to the screen with CR (Carriage Return) / LF (Line Feed) / RETURN or Enter Key.
5. **Quantity Entry:** After the DIN/UPC is identified, enter the quantity being returned. Enter a **“Sealed Qty”** **or** a **“Fullness percentage”** **or** an **“Exact Count”** (this is required only for partial quantities or for Narcotic & Controlled drugs (NCD)). Only one field can be populated.

*Note: For any narcotic and/or controlled substance or Rx products that the manufacturer requires an exact count, only “Sealed Qty” or “Exact Count Partial Qty” fields will be available.*

6. If available, enter the **Expiry Date and Lot #** of the product to obtain more accurate credit estimations. For any recall products, if the system validates the lot # that you have entered with an active recall in our system, the reason and estimated credit will be updated.
7. If you discover that data has been incorrectly entered, yet not saved, you can click the **“Reset”** button to clear or refresh your fields.
8. Click the **“Save Item”** button. The system will determine the type of box the product will be saved in based on the drug classification.
9. A message will populate instructing which box to place the item in. If you do not want to see this message after each saved item, select the **“Don’t show this message again”** box.



*Note: This message will re-appear for any new box opened.*

10. For Narcotic and Controlled Drugs (NCD), the products will automatically be saved in a separate box from the regular Rx products. You can also refer to the **“Box Type”** column in the Returns Details.


| OPEN BOX SUMMARY   |  |  |  |
|--|--|--|--|
| <b>RX Box:</b> MRW0050891<br>Units: 4    Credit: \$84.45   |  | <b>Wholesaler:</b> MCKESSON BRAMPTON (310-)<br>Account: 310-0011223 <a href="#">View / Update info</a> |  |
| <b>NCD Box:</b> MNW0021086<br>Units: 4    Credit: \$106.82 |  | <b>Wholesaler:</b> MCKESSON BRAMPTON (310-)<br>Account: 310-0011223 <a href="#">View / Update info</a> |  |

11. All saved products will be listed in the **“Return Details”** summary as follows:

| Return Details |          |     |              |                     |                     |             |       |              |            |             |          |             |            |                  |
|----------------|----------|-----|--------------|---------------------|---------------------|-------------|-------|--------------|------------|-------------|----------|-------------|------------|------------------|
| Box ID         | Box Type | DIN | Manufacturer | Product Description | Package Description | Expiry Date | Lot # | Drug Program | Fullness % | Exact Count | Unit Qty | Reason Code | Unit Price | Estimated Credit |

**Note:**

For a full “Reason Code” description, place your cursor over the reason code to display.

| Reason Code | Unit Price                         | Estimated Credit |   |
|-------------|------------------------------------|------------------|---|
| UNA         | \$220.72                           | \$0.00           |  |
| EXP         | UNAUTHORIZED RETURN / POST-EXPIRED |                  |   |

If the product entered is deemed “Unauthorized” under “reason code”, then it is non-creditable. However, the product can still be returned to Inmar for destruction purposes. There will be no associated charges for Inmar manufacturer client returns.

Estimated Credits are based on the information that was entered. If limited information is provided, credit estimation is based on the assumption that the product is within the manufacturer’s policy. You will not be reimbursed for a product which does not conform to the return goods policy of the participating manufacturers or any claimed products not physically received. Inmar MedTurn will not be held liable or responsible for non-participating manufacturers products received. No notification will be provided for such products upon receipt or prior to processing. These products will not be returned to you. Applicable charges will be invoiced to you for the handling and destruction of these products. All monetary values are subject to change without prior notification. The manufacturer reserves the right to refuse credit. Any comments entered will be reviewed at the time of processing the item on-site and if eligible for credit, it will only be adjusted at that time.

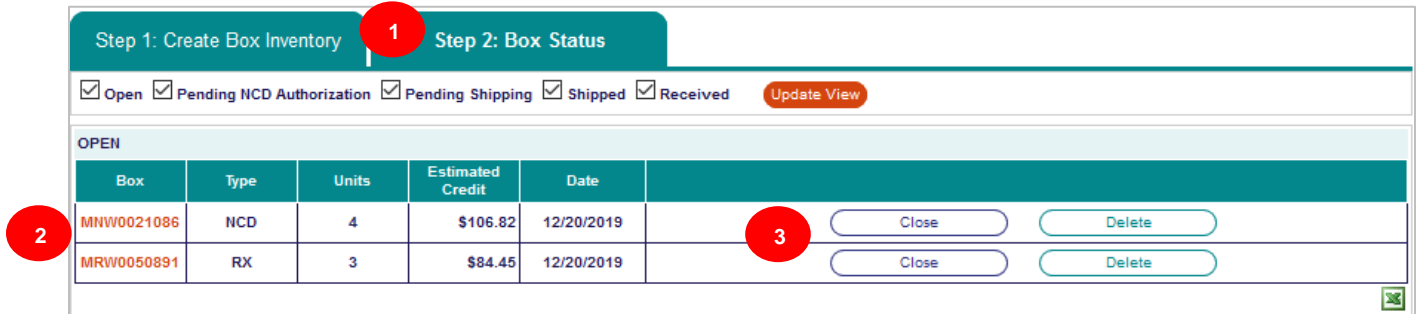
12. To delete an item, select the  button from the **Returns Detail** section.



# HOW TO PREPARE AN RX RETURNS SHIPMENT

## Step 1: Close Boxes for Shipment

1. After all items have been entered for return, select **“Step 2: Box Status”** under **“Returns Inventory”**.



| Box        | Type | Units | Estimated Credit | Date       |              |
|------------|------|-------|------------------|------------|--------------|
| MNW0021086 | NCD  | 4     | \$106.82         | 12/20/2019 | Close Delete |
| MRW0050891 | RX   | 3     | \$84.45          | 12/20/2019 | Close Delete |

2. To verify items in the box prior to closing, select the box number. **“Print Box Inventory”** is not a packing slip and is not to be placed in the box at this point.
3. Select **“Close”**.
4. **“Claims, Wholesaler & Direct Account Information”** interface will appear. Claim\* is mandatory and if no claims are applicable, select **“No Claim to All”** or **“No Claim”**. Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select **“Save & Close Box”**.

\*Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc. If you do not have one or know of one, select “No Claim”.



**IMPORTANT:** “No Claim” selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.

**Claims, Wholesaler & Direct Account Information - MRW0050891**

**Claim(s)**  
 Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.  
**IMPORTANT: This claim entry is the only data source used to report your claim to the manufacturer(s).** Maximum 10 characters. Please use the [+ Add] button for manufacturers with more than one claim.

| Manufacturer              | Claim                                 | <input type="checkbox"/> No Claim to All     | Action |
|---------------------------|---------------------------------------|--|--------|
| ASTRAZENECA CANADA INC.   | <input type="text" value="NO_CLAIM"/> | <input checked="" type="checkbox"/> No Claim |        |
| PFIZER CANADA ULC (TRADE) | <input type="text" value="NO_CLAIM"/> | <input checked="" type="checkbox"/> No Claim |        |
| SANDOZ CANADA INC.        | <input type="text" value="NO_CLAIM"/> | <input checked="" type="checkbox"/> No Claim |        |

**Wholesaler**  
 Name:  Account:

**Direct Accounts**

| Manufacturer              | Direct Account       | Action |
|---------------------------|----------------------|--------|
| ASTRAZENECA CANADA INC.   | <input type="text"/> |        |
| PFIZER CANADA ULC (TRADE) | <input type="text"/> |        |
| SANDOZ CANADA INC.        | <input type="text"/> |        |

**CREDIT INFORMATION**  
 Please note: only one wholesaler can be used per return (BoxID). The method of credit issuance will be determined by the manufacturer. Please verify / provide the wholesaler and account above and provide any direct account numbers with the manufacturer(s), if applicable.  
 For any Wholesaler and Direct Accounts changes, Customer Service will be notified of your change request when the box is physically received in the Inmar system and will reflect on Returns.org for future boxes once the update is completed. For Direct Accounts, if yours and the manufacturer's differ, your change request will be forwarded to the manufacturer for validation.

- Select either **“Close and Ship”** if you will not be adding anymore items to the box and are ready to send the shipment to Inmar or, select **“Close and Ship Later”** if you would like to re-open the box at a later time to add additional items.

**Close and Ship**

Please choose one of the following options:

Print packing slip and shipping labels.

Close the box and re-open at a later time to add additional items.

- If **“Close and Ship”** is selected, complete the shipping information and print out the Shipping Documents. The box will be moved to the **“Shipped”** section automatically. If **“Close and Ship Later”** is selected, the box will be moved to the **“Pending Shipping”** section. See Step II for shipping instructions.

- For Rx shipments, you can “**Reopen**” the box anytime as long as the box has not been “**Shipped**”. If the box is physically on-site but is in “**Shipped**” status and you forgot to add an item, contact Customer Service and they can assist you to “**Reopen**” the box and add the item for you.

| PENDING SHIPPING |      |       |                  |              |                |  |
|------------------|------|-------|------------------|--------------|----------------|--|
| Box              | Type | Units | Estimated Credit | Closing Date | Claims Entered |  |
| MRW0014644       | RX   | 2     | \$49.75          | 02/12/2019   | N              | <a href="#">Reopen</a> <a href="#">Shipping</a> <a href="#">Show Claims &amp; Accounts</a> |

| SHIPPED    |      |       |                  |              |               |                         |                |
|------------|------|-------|------------------|--------------|---------------|-------------------------|----------------|
| Box        | Type | Units | Estimated Credit | Closing Date | Shipping Date | Carrier / Waybill       | Claims Entered |
| MRW0049340 | RX   | 1     | \$103.10         | 12/20/2019   | 12/20/2019    | Purolator / 40162305648 | N              |

[Print Shipping Documents](#)
[Show Claims & Accounts](#)

## Step 2: Shipping Boxes

- If your box is under the “**Pending Shipping**” section, select the “**Shipping**” tab next to the box to be shipped.
- Complete the applicable shipping information. If the Carrier you are using is not part of the drop-down list, you can enter your own carrier.
- Select “**Save and Print Shipping Documents**”.

**Shipping Information** ✖

Please enter the shipping information

Date: 01/06/2020

Carrier:

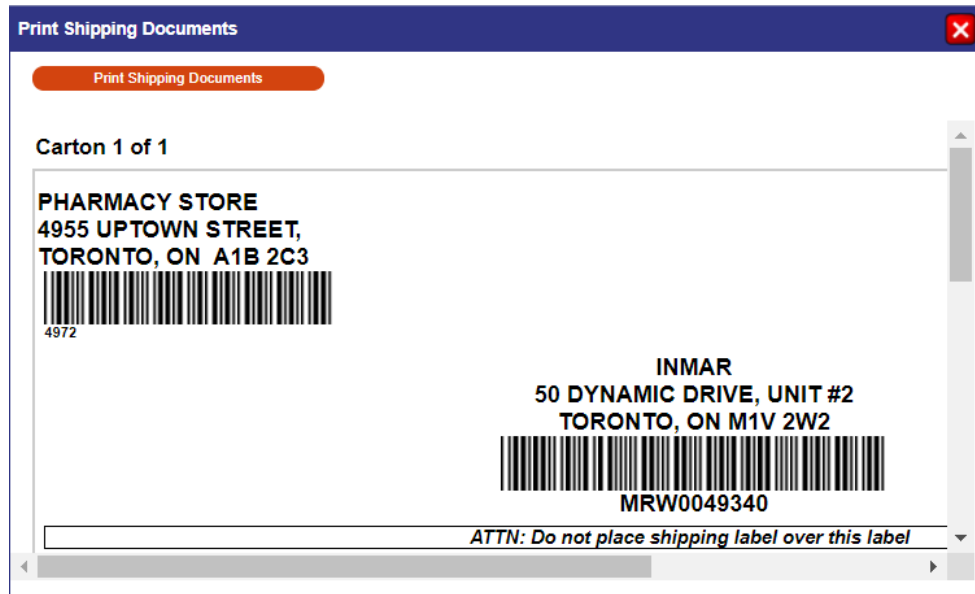
WayBill #:

No. of cartons:

Save and Print Shipping Documents
Cancel

- You will be instructed to print the Shipping documentation. This will consist of an outer “**Box Label**” to be affixed to the exterior of the carton and a “**Packing Slip**” to be placed inside the box. If you have multiple cartons, multiple copies of the “**Box Label**” and “**Packing Slip**” would print and are required to be affixed and placed inside each of the boxes, respectively.

*Note: The “Box Label” does not substitute the carrier waybill. A carrier waybill is also required to be affixed to the exterior of the carton.*



- **DO NOT** place the box label over the center seam of the box.
- Match the box label to the correct box.
- Inmar’s box label **MUST** be visible on the outside of the box.

12. The Box will automatically move to the “**Shipped**” status.

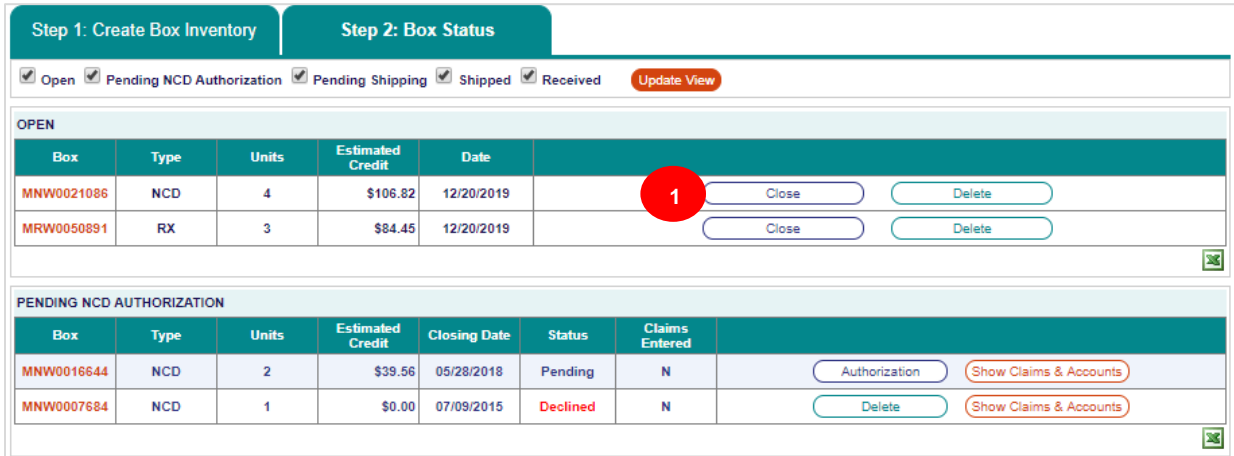
### Step 3: Scheduling a Shipment

13. Contact the carrier of your choice to schedule a pick-up of your shipment.

14. Inmar's Purolator **collect** account # is available upon request. Email [mtics@inmar.com](mailto:mtics@inmar.com) with your complete store information to request for the new account # if required. If you need manual waybills, please order them from Purolator ([suppliesandpreprints@purolator.com](mailto:suppliesandpreprints@purolator.com) / 1-888-744-7123). Shipping charges incurred will be deducted from your total credits by the manufacturer when applicable.

# NARCOTIC & CONTROLLED DRUG AUTHORIZATIONS AND SHIPPING PROCEDURE

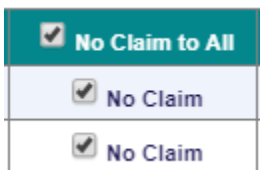
- Under “Open” section select “Close” next to applicable NCD box.



The screenshot shows a software interface with two tabs: "Step 1: Create Box Inventory" and "Step 2: Box Status". Under "Step 2: Box Status", there are filters for "Open", "Pending NCD Authorization", "Pending Shipping", "Shipped", and "Received", along with an "Update View" button. The "OPEN" section contains a table with columns: Box, Type, Units, Estimated Credit, and Date. Two rows are visible: MNW0021086 (NCD, 4 units, \$106.82, 12/20/2019) and MRW0050891 (RX, 3 units, \$84.45, 12/20/2019). Each row has "Close" and "Delete" buttons. A red circle with the number "1" is placed over the "Close" button for the first row. Below this is the "PENDING NCD AUTHORIZATION" section with columns: Box, Type, Units, Estimated Credit, Closing Date, Status, and Claims Entered. Two rows are visible: MNW0016644 (NCD, 2 units, \$39.56, 05/28/2018, Pending, N) and MNW0007684 (NCD, 1 unit, \$0.00, 07/09/2015, Declined, N). Buttons for "Authorization", "Show Claims & Accounts", and "Delete" are present for each row.

- “Claims, Wholesaler & Direct Account Information” interface will appear. Claim is mandatory and if no claims are applicable, select “No Claim to All” or “No Claim”. Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select **Save & Close Box**”.

\*Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc. If you do not have one or know of one, select “No Claim”.



The screenshot shows a dropdown menu with three options, each with a checkmark icon: "No Claim to All", "No Claim", and "No Claim".

**IMPORTANT:** “No Claim” selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.

**Claims, Wholesaler & Direct Account Information - MNW0021086**

**Claim(s)**  
 Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.  
**IMPORTANT:** This claim entry is the only data source used to report your claim to the manufacturer(s). Maximum 10 characters. Please use the (+ Add) button for manufacturers with more than one claim.

| Manufacturer       | Claim    | <input type="checkbox"/> No Claim to All     | Action |
|--------------------|----------|--|--------|
| JANSSEN INC.       | NO_CLAIM | <input checked="" type="checkbox"/> No Claim |        |
| SANDOZ CANADA INC. | NO_CLAIM | <input checked="" type="checkbox"/> No Claim |        |

Wholesaler  
 Name: MCKESSON BRAMPTON (310-) Account: 310-0011223


Direct Accounts

| Manufacturer       | Direct Account | Action |
|--------------------|----------------|--------|
| JANSSEN INC.       |                |        |
| SANDOZ CANADA INC. |                |        |

**CREDIT INFORMATION**  
 Please note: only one wholesaler can be used per return (BoxID). The method of credit issuance will be determined by the manufacturer. Please verify / provide the wholesaler and account above and provide any direct account numbers with the manufacturer(s), if applicable.  
 For any Wholesaler and Direct Accounts changes, Customer Service will be notified of your change request when the box is physically received in the Inmar system and will reflect on Returns.org for future boxes once the update is completed. For Direct Accounts, if yours and the manufacturer's differ, your change request will be forwarded to the manufacturer for validation.

Cancel Save & Close Box

3. The adjacent message will appear.

 Box MNW0021086 has been selected for closure. Once the box has been closed, you have until midnight (Eastern Standard Time) of the same calendar day to re-open. Closed boxes will be sent automatically to Inmar for authorization. The approval will be sent via Canada Post. Upon receipt, please enter the "Receipt Confirmation #" indicated on the authorization letter by selecting the "Authorization" button below in the "Pending NCD Authorization" section to proceed with shipping.

Would you like to continue?

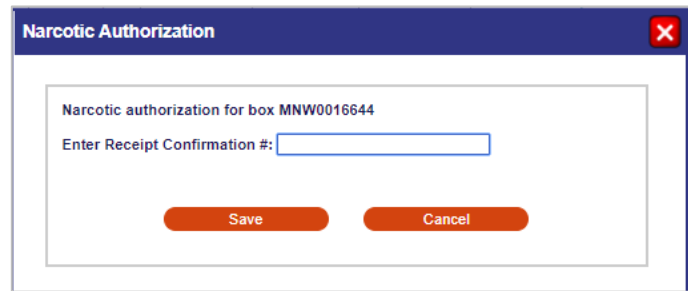
Yes No

4. As soon as a Narcotic & Controlled Drug (NCD) Box has been closed, the box will be moved to the **"Pending NCD Authorization"** status. You will have until midnight (EST) to "Reopen". After midnight (EST), an automated request for authorization will be sent to Inmar's Qualified Person in Charge (QPIC) for review. The "Authorization" button will be non-selectable until the authorization has been approved by Inmar.

5. Upon authorization, Inmar will be sending you the authorization package **via mail (Canada Post)** with the following documents:
- Authorization letter with the "Receipt Confirmation #".
  - Product listing – detailing the authorization status for each product i.e. approved status and "Inmar's comments" if applicable.
  - Box label.
  - Purolator Chain of Signature (COS) Waybill to return the shipment to Inmar.

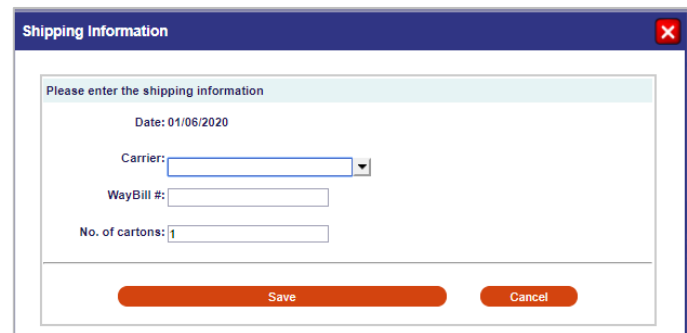
*Note: If you have a preferred COS carrier, you are not obligated to use the Purolator COS waybill enclosed in the authorization package. You may return the waybill in your package.*

- Also, upon authorization by Inmar's QPIC, the "Authorization" button will be selectable. Once you have received the authorization package via Canada Post, verify the NCD items in your box against the authorized listing. If everything is correct, select the "Authorization" button and enter the "Receipt confirmation #" indicated on Inmar's authorization letter. Click "Save". If you decide not to return an authorized item, mark an "X" beside the product on the form.



Please note: As per Health Canada regulations, NCD products **CANNOT** be returned to Inmar without prior **written** authorization from Inmar's QPIC.

- Complete the applicable shipping information.
- Select "**Save**".
- The box will then be moved to the "Shipped" status.

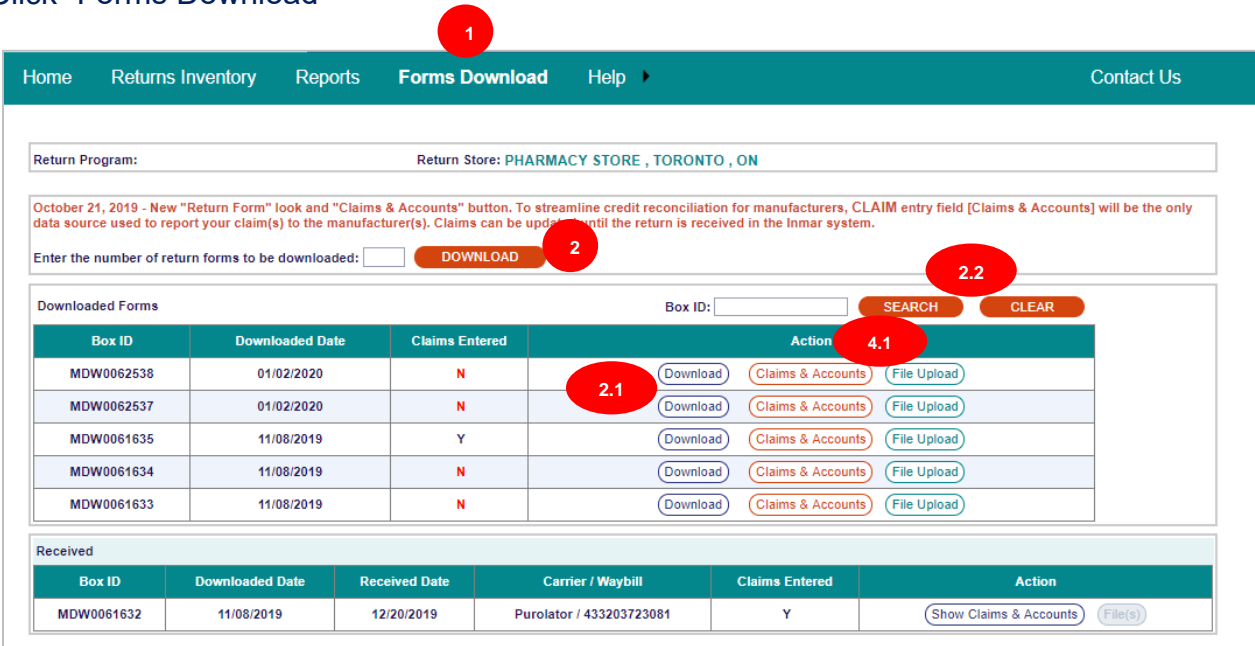


- Pharmacist or authorized personnel is required to complete and sign the designated lower right section of the original authorization letter.
- Place the original product listing and authorization letter in the box and retain copies of each for your records. The box label is to be affixed to the exterior carton along with the completed chain of signature waybill.

To schedule a pick-up of your shipment, contact **Purolator at 1-888-744-7123** or the Carrier of your choice.

# HOW TO DOWNLOAD RETURNS FORMS

1. Click “Forms Download”



Return Program: Return Store: PHARMACY STORE , TORONTO , ON

October 21, 2019 - New "Return Form" look and "Claims & Accounts" button. To streamline credit reconciliation for manufacturers, CLAIM entry field [Claims & Accounts] will be the only data source used to report your claim(s) to the manufacturer(s). Claims can be updated until the return is received in the Inmar system.

Enter the number of return forms to be downloaded:  **DOWNLOAD**

Downloaded Forms Box ID:  **SEARCH** **CLEAR**

| Box ID     | Downloaded Date | Claims Entered | Action  |
|------------|-----------------|----------------|---|
| MDW0062538 | 01/02/2020      | N              | <b>Download</b> <b>Claims &amp; Accounts</b> <b>File Upload</b> |
| MDW0062537 | 01/02/2020      | N              | <b>Download</b> <b>Claims &amp; Accounts</b> <b>File Upload</b> |
| MDW0061635 | 11/08/2019      | Y              | <b>Download</b> <b>Claims &amp; Accounts</b> <b>File Upload</b> |
| MDW0061634 | 11/08/2019      | N              | <b>Download</b> <b>Claims &amp; Accounts</b> <b>File Upload</b> |
| MDW0061633 | 11/08/2019      | N              | <b>Download</b> <b>Claims &amp; Accounts</b> <b>File Upload</b> |

Received

| Box ID     | Downloaded Date | Received Date | Carrier / Waybill        | Claims Entered | Action   |
|------------|-----------------|---------------|--------------------------|----------------|--|
| MDW0061632 | 11/08/2019      | 12/20/2019    | Purolator / 433203723081 | Y              | <b>Show Claims &amp; Accounts</b> <b>File(s)</b> |

2. Enter the number of return forms to be downloaded and select “**DOWNLOAD**”.
  - 2.1. To download the form again (not previously used), select “Download” from the “**Downloaded Forms**” section.
  - 2.2. To search a specific boxID form, enter Box ID and select “**SEARCH**”. Select “**CLEAR**” to view full listing.
3. A prompt will appear and depending on your computer settings, open the PDF downloaded or a PDF document will open automatically. Print the document.



#### 4. Complete the checklist on the return form and insert a signed copy within your shipment.

**INMAR intelligence**  
50 DYNAMIC DRIVE, UNIT #2, TORONTO, ON M1V 2W2  
Toll: 888-784-2323 | Tel: 416-298-1234 | Fax: 416-291-7519 | https://www.returns.org

**RETURN FORM**  
**FORMULAIRE DE RETOUR**  
MDW0062538

**NAME/NOM:** PHARMACY STORE  
4955 UPTOWN STREET  
TORONTO, ON A1B 2C3

**CONTACT:** Doe, Jane  
**PHONE/TELEPHONE:** (947)222-3333  
**DISPENSER ID/** 4972  
**No D'IDENT.:**

**Complete the following / Complétez le formulaire suivant:**

- I have entered my Claim(s) on Returns.org  
J'ai saisi le(s) réclamation(s) sur Returns.org **4.3**
- I have cut the Box Label below and affix it to the outside of the box before shipping.  
J'ai découpé l'étiquette ci-dessous et l'ai apposée à l'extérieur de chaque boîte avant l'expédition
- I will enclose a completed copy of this Return Form in the shipment  
J'inclurai une copie complétée de ce formulaire dans l'envoi
- Approved projects only - I have marked "X" on the Box Label "SD only" field for "straight destruction" material  
Projets approuvés uniquement - J'ai marqué «X» dans le champ «SD uniquement» sur l'étiquette de boîte pour «Matériel de destruction directe»

**PLEASE NOTE: YOU WILL NOT BE REIMBURSED FOR A PRODUCT WHICH DOES NOT CONFORM TO THE RETURN GOODS POLICY OF THE PARTICIPATING MANUFACTURERS. INMAR RETURN WILL NOT BE HELD LIABLE OR RESPONSIBLE FOR NON-PARTICIPATING MANUFACTURER PRODUCTS RECEIVED BY ANY CLAIMED PRODUCT NOT PHYSICALLY RECEIVED. NO NOTIFICATION WILL BE PROVIDED FOR SUCH PRODUCTS UPON RECEIPT OR PRIOR TO PROCESSING. THESE PRODUCTS WILL NOT BE RETURNED TO YOU. APPLICABLE CHARGES WILL BE INVOICED TO YOU FOR THE HANDLING AND DESTRUCTION OF THESE PRODUCTS. ALL MONEY PAID VALUES ARE SUBJECT TO CHANGE WITHOUT PREVIOUS NOTIFICATION. THE MANUFACTURER RESERVES THE RIGHT TO REFUSE CREDIT. THIS FORM IS NOT TO BE USED FOR MANUFACTURER AND CONTROLLED DRUGS (MCD), SUBJECT TO CURRENT AUTHORIZATION PROCEDURES UNDER FEDERAL REGULATIONS, MCDX REQUIRE PRIOR AUTHORIZATION. PLEASE REQUEST ONLINE (WWW.RETURNS.ORG) AND WAIT FOR APPROVAL DOCUMENTS PRIOR TO SHIPPING.**

**VEUILLEZ NOTER QUE VOUS NE SEREZ PAS REMBOURSÉ POUR UN PRODUIT QUI N'EST PAS CONFORME À LA POLITIQUE DE RETOUR DU FABRICANT. INMAR RETURN N'ASSUME AUCUNE RESPONSABILITÉ À LA RÉCEPTION DES PRODUITS DES FABRICANTS NON PARTICIPANTS OU TOUT PRODUIT RÉCLAMÉ INTÉRIEUREMENT NON REÇU. AUCUN AVAL NI DÉVAL ENVIÉ À LA RÉCEPTION DE TEL PRODUIT OU AVANT LE TRAITEMENT. CES PRODUITS NE VOUS SERONT PAS RETOURNÉS. DES FRAIS APPLICABLES VOUS SERONT FACTURÉS POUR MANIPULATION ET DESTRUCTION DE CES PRODUITS. LE CREDIT POUR LES PRODUITS NON PARTICIPANTS EST SOUS RÉSERVE. LE DROIT DE REFUSER LE CREDIT. CE FORMULAIRE NE PEUT PAS ÊTRE UTILISÉ POUR LES RETOURS DES MANUFACTURIERS ET DES PRODUITS CONTRÔLÉS (MCD), CONFORMÉMENT AUX MODALITÉS ET PROCÉDURES D'AUTORISATION ÉTABLIES AUX RÈGLEMENTS FÉDÉRAUX, TOUS LES VOSUS BEZONT UNE AUTORISATION PRÉALABLE. VEUILLEZ COMPLÉTER UNE DEMANDE EN LIGNE (WWW.RETURNS.ORG) ET ATTENDRE LA RÉCEPTION DES DOCUMENTS D'APPROBATION PAR LA POSTE AVANT L'EXPÉDIER LES PRODUITS.**

**NAME / NOM:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DO NOT PHOTOCOPIY THIS FORM FOR ANOTHER RETURN** **NE PAS PHOTOCOPIER CE FORMULAIRE POUR UNE AUTRE RETOUR**

-----X<><><>X----- Affix the box label to the outside of the box  
Apposer l'étiquette d'expédition à l'extérieur de votre boîte -----X<><><>X-----

**PHARMACY STORE**  
4955 UPTOWN STREET  
TORONTO, ON A1B 2C3  
4972

**INMAR intelligence**

**INMAR**  
50 DYNAMIC DRIVE, UNIT #2  
TORONTO, ON M1V 2W2  
MDW0062538

SD only  
 SD uniquement **4.4**

**Claims, Wholesaler & Direct Account Information - MDW0061635**

**Claim(s)**  
Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.  
**IMPORTANT: This claim entry is the only data source used to report your claim to the manufacturer(s).** Maximum 10 characters. Please use the [+ Add] button for manufacturers with more than one claim.

| Manufacturer                         | Claim      | Action                              |
|--------------------------------------|------------|-------------------------------------|
| NOVARTIS PHARMACEUTICALS CANADA INC. | 310-019245 | <input checked="" type="checkbox"/> |
| NOVARTIS PHARMACEUTICALS CANADA INC. | 89567217   | <input checked="" type="checkbox"/> |

**4.1**

**Wholesaler**  
Name: MCKESSON BRAMPTON (310-) Account: 310-00000

**Direct Accounts**

| Manufacturer | Direct Account | Action |
|--------------|----------------|--------|
|              |                |        |

**4.2**

**CREDIT INFORMATION**  
Please note: only one wholesaler can be used per return (BoxID). The method of credit issuance will be determined by the manufacturer. Please verify / provide the wholesaler and account above and provide any direct account numbers with the manufacturer(s), if applicable.  
For any Wholesaler and Direct Accounts changes, Customer Service will be notified of your change request when the box is physically received in the Inmar system and will reflect on Returns.org for future boxes once the update is completed. For Direct Accounts, if yours and the manufacturer's differ, your change request will be forwarded to the manufacturer for validation.

Cancel Save & Exit

4.1 I have entered my Claim(s) on Returns.org. Select **"Claims & Accounts"**. Claim\* is mandatory and if no claims are applicable, select **"No Claim to All"** or **"No Claim"**. Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select **"Save & Close Box"**.

\*Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.

**IMPORTANT NOTE FOR PHARMACIES:** If you do not have one or know of one, select **"No Claim"**. **"No Claim"** selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.

**No Claim to All**

**No Claim**

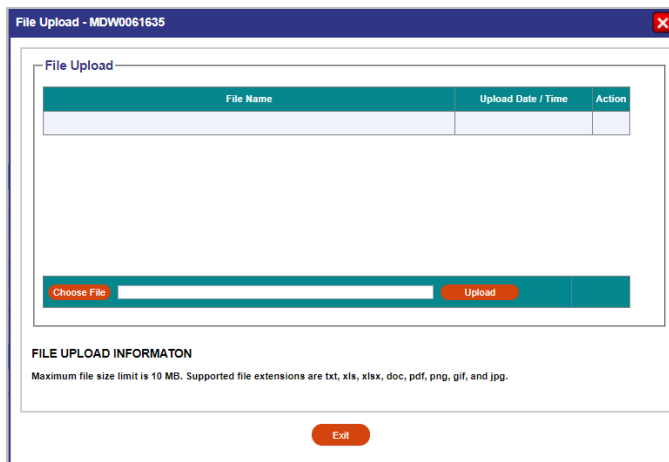
**No Claim**

4.2. I have cut the Box Label below and affix it to the outside of the box before shipping.

4.3. I will enclose a completed copy of this Return Form in the shipment

4.4. Approved projects only - I have marked “X” on the Box Label “SD only” field for “**straight destruction**” material.

5. To upload a file, select “**Upload File**”, “**Choose File**” and select “**Upload**”.



Physical items to be processed will not be reconciled against file uploaded. It will only be stored on record for reference only.

## CUSTOMER SUPPORT

If you have any questions or are experiencing issues with the website, please contact our Customer Service Team.

### Contact Information

Address:

Inmar  
50 Dynamic Drive, Unit 2  
Toronto, ON  
M1V 2W2

Phone: 416-298-1234

Toll-Free: 1-888-784-2323

Fax: 416-291-7519

Email: [mtics@inmar.com](mailto:mtics@inmar.com)

Operation hours:

Monday to Friday, 8:00AM - 4:30PM (EST)