

Drug Sample Return Authorization Request

Date: [Insert Date]

[Your Name]
[Your Position]
[Your Company]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Position]
[Recipient Company]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request authorization to return unused drug samples as per our agreement and in compliance with relevant regulations. The details of the drug samples are as follows:

- Drug Name: [Insert Drug Name]
- Batch Number: [Insert Batch Number]
- Expiration Date: [Insert Expiration Date]
- Quantity: [Insert Quantity]

These samples are no longer needed due to [briefly explain reason for return]. We assure you that the samples will be returned in accordance with all applicable guidelines.

Please provide us with the necessary return authorization and any specific instructions regarding the shipment of these products.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]
[Your Position]
[Your Company]