

# Drug Sample Return Procedure Notification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are notifying you regarding the procedures for the return of drug samples. It is essential to adhere to the following steps to ensure compliance with regulations and proper handling of the samples.

## Return Procedure:

1. Gather all unused drug samples that need to be returned.
2. Ensure that the samples are sealed and labeled correctly.
3. Complete the Drug Sample Return Form attached to this notification.
4. Package the samples securely to prevent any damage during transit.
5. Ship the samples to the following address:

[Insert Return Address]

6. Notify us via email at [Insert Email Address] once the return has been shipped.

Please ensure that all returns are processed by [Insert Deadline] to maintain compliance.

Thank you for your attention to this matter. If you have any questions, feel free to reach out at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]