

Notification for Drug Sample Return Authorization

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to inform you about the return authorization for the drug samples previously distributed to your organization. In accordance with our policies and regulatory requirements, please ensure that the following steps are followed for the return process:

- All samples should be accounted for and in their original packaging.
- Returns must be initiated by [Insert Deadline Date].
- Please fill out the attached Return Authorization Form and include it with the shipment.
- Ship the samples to the following address:
- [Return Address Line 1]
- [Return Address Line 2]
- [City, State, ZIP Code]

We appreciate your cooperation in this matter. If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Contact Information]