

Dear Sir or Madam:

**Re: DRUG RECALL**

A voluntary drug RECALL has been initiated.

Our records indicate that you have been shipped the following:

Product Name: **CIPROFLOXACIN INJECTION 2 mg/mL (Intravenous Infusion)**  
**100 mL bag (UPC 00891339001048) and/or**  
**200 mL bag (UPC 00891339001055)**  
**DIN: 02301296**

**All lots** of the product identified above are being voluntarily recalled as a precautionary measure. There are currently no reports in Canada of any adverse reactions or adverse events as a result of the administration of Ciprofloxacin Injection to a patient.

Please note that this product was manufactured by Claris Lifesciences Limited ("Claris") and therefore the product will bear both the BioSyent Pharma Inc. and Claris Lifesciences Limited names on the product and packaging.

This precautionary RECALL is being undertaken due to complaints in the United States on certain other medications manufactured by Claris which have subsequently been recalled. Claris has voluntarily extended this recall to include Ciprofloxacin Injection in the United States.

This notification is being made in accordance with the requirements of Section C.01.051 the *Food & Drugs Act Regulations*.

Your co-operation is requested in:

1. Placing all of the above mentioned product under quarantine and withdrawing same from sale or use;
2. Returning to us all stock of the above mentioned product by shipping collect;
3. Completing and faxing to (905) 206-1413 the form attached to this letter – your reply is requested even if you only report "no stock"; and
4. Please return all product to BioSyent Pharma Inc. c/o: Lynden International Logistics Co., 10 Corrine Court, Vaughan, Ontario L4K 4T7, Attn: Quality Assurance Coordinator. Please label the package as "**RECALL**".

Your prompt action is requested in order for us to comply with regulatory requirements. We offer our sincere apologies for any inconvenience that this situation may have caused you.

Full credit will be given for returned merchandise. Thank you for your co-operation.

Yours truly,



René Goehrum  
President and CEO



**CIPROFLOXACIN INJECTION 2 mg/mL**  
**DIN # 02301296**  
**RECALL RESPONSE FORM**

Product Name: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Quantity in Stock: \_\_\_\_\_ No Stock \*: \_\_\_\_\_

Date of return: \_\_\_\_\_ By (Specify method of return): \_\_\_\_\_  
(month, day, year)

**Requested Action:**

Credit my account for the returns

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\* Please reply even though you may not have any stock. If you do have stock and do not intend to return, please explain your intentions.

**PLEASE FAX THIS FORM BACK TO (905) 206-1413**