

Lilly Expired Product Return Goods Claim Form

The Lilly Return Goods Procedure can be referenced at www.lillytrade.com
 If assistance is needed, call 1-800- 228-0904 or email returnedgoods@lilly.com

Originating Customer Address:

Customer Debit #:

Name

Address

City/State/Zip Code

Attn:

Customer Identification (i.e. DEA Registration #, (HIN, NPI)

Date Product Shipped to Lilly:

Please indicate if you prefer a check be sent directly to you or a credit be issued to your current Lilly Authorized Distributor.

- Return for Disposal Only**
- Send Credit on my behalf to my current Lilly Authorized Distributor:** _____
- Send check to:** (Fill in only if a different address than Customer Address above)

Name

City/State/Zip Code

Address

Attn:

LIST OF ITEMS BEING RETURNED

QTY	NDC	Item Description	LOT #	Expiry Date

Page ____ of ____

Total number of cartons returned: ____ (if more than one carton, include a copy of this form in each carton.)

Product purchased at special contract price: YES or NO

If YES, provide Contract Price Identifier: _____

Prepared and shipped by (Returns Processor, if applicable): _____

Reminder: If returning Schedule II Controlled Substances, a DEA Form 222 must be obtained from Lilly prior to shipment.

Required: If return of Controlled Substance, provide DEA Registration # of sending party: DEA # _____ and the Lilly Returns DEA Registration # PE0030712 on paperwork accompanying product.

