



ATTACHMENT 1
URGENT DRUG PRODUCT RECALL – TYPE I
ACKNOWLEDGEMENT CARD

PRODUCT: Dantrium Intravenous (Dantrolene sodium for injection 20 mg/vial)
DIN: 01997572
UPC CODE: 6 2879100644 7
LOT NUMBERS: 80681, 82413, and 91579

Recall letter date: 16-OCT-2026

Return this form by 20-OCT-2026 to Knight Therapeutics Inc. Customer Service Department.
Email: customerservice@knighttx.com **Fax:** 1-866-340-7221 **Telephone:** 1-866-340-1112

Your Institution Contact Details:

Institution / Company Name: _____
Delivery Site / Department: _____
Address: _____
Account Number: _____ Contact Name / Title: _____
Telephone: _____ Email: _____

Affected Product Inventory

Report quantities in vials. Enter "0" if no stock remains. Include all affected stock at your site and identify any additional lots or sites on a separate sheet.

Lot number	Expiry date	Vials received	Vials on hand and quarantined	Vials already used	Vials supplied onward

Other disposition or reconciliation differences, if applicable: _____

Confirmation of recall actions

- ☐ We received and understood the recall notice and checked all relevant storage locations.
☐ Use, sale and distribution of affected lots have stopped; remaining stock is quarantined.
☐ No affected stock remains at this site.
☐ Relevant departments and downstream consignees were notified, where applicable.

Downstream distribution: [] None [] Yes — provide recipient details and quantities securely to
customerservice@knighttx.com; **do not include patient-identifying information on this form.**

Unresolved actions / supply concerns: _____



Return arrangements

Please contact **your Wholesaler** (who provided the units to you) for return instructions.

Ship to: **Your Wholesaler**

Return Deadline: 23-OCT-2026

Vials returned: _____

Shipment Date: _____

Tracking number: _____

Knight Therapeutics Inc. will follow up if no response is received by within two (2) days

Authorized name / title: _____

Signature: _____ Date: _____