



Uniphar Policy:

1. This document only applies to returns on products which have been outside the Uniphar supply Chain for more than 10 days
2. Only products which cannot be sold by the customer before the end of the product expiry date can be considered.
3. Only product sold in the last 3 months can be considered for returns.
4. Under the HPRA Guidelines, all returns outside 10 days must be subject to a deviation and a risk assessment. This document is deemed to constitute a risk assessment and deviation.
5. Only products with a minimum of 60 days remaining shelf life can be accepted.
6. Under no circumstances can fridge products be returned for credit.
7. This form can be used for one product only.
8. A processing charge of 7.5% will apply.
9. Product returns that do not conform to the requirements of the policy will sent back to the customer, including stock received in unsaleable condition.

Customer Name:		Account Number:	
Pharmacist Name:			

Invoice Number:	Invoice Date:	Product Description:	Quantity:	Expiry Date:	Batch Number:

Reason for Return:

Comments:

Pharmacy Declaration:

I, \_\_\_\_\_, Pharmacist, hereby declare that the above product has been under my care and has been stored under the conditions required by the packaging. I also agree that it would be impossible for me to sell this product before it expires.

Signed:		Date:	
---------	--	-------	--

Please return signed form to e-mail address [exceptionalreturn@uniphar.ie](mailto:exceptionalreturn@uniphar.ie) and await for approval. Please be advised this form constitutes a request for return of product above only and Uniphar Group cannot guarantee approval of this request, which will be assessed on a case by case basis.

Uniphar Sign Off:

1. Attach 3 months customer sales history.
2. Ensure that the Reason for Return falls under the allowable reasons.
3. This document will be used as the basis for deviation and constitutes a risk assessment.

AQ -

Quality Sign Off Name:		Quality Sign Off Signature:		Date:	
------------------------	--	-----------------------------	--	-------	--

Comments:

Author:	Date:	Department Approval:	Date:	Quality Approval:	Date:	Effective Date:
	31-MAR-17		21-MAR-2017	Janna Tiley	31-MAR-17	20-APR-17