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| **Elsevier Product Discontinuation/Off-Market/Last Lot Expiration Submission Form** | | | | | |
|
| **ENTER DATE OF SUBMISSION LETTER HERE:** | | | | | |
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| **COMPANY NAME HERE** would like to inform Elsevier Drug Information Content of a discontinuation of the product(s) listed below: | | | | | |
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| Identifier | Product Name | Strength | Package Description | Discontinue/Off Market Date | Last Lot Expiration Date |
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| **COMPENDIA**  **CONTACT NAME HERE** | | | | | |
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