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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** |
| **Title** |
| **Company Name** |
| **Company Address** |
| **Contact Number** |
| **Company Website** |

**Please submit to:** **productinfo@elsevier.com**