URGENT PRODUCT RECALL

September 19, 2005

Product Name/Product size	Product Code	NDC Number
Fluorouracil Injection, USP 500 mg 50mg/mL 10 mL SD Vial	**101710**	**63323-117-10**

Dear Customer/Health Professional:

This letter is to notify you that American Pharmaceutical Partners, Inc. is voluntarily recalling the attached list of lots of Fluorouracil Injection, USP.

American Pharmaceutical Partners has decided to take this action as a result of an investigation indicating the vials may contain glass particles.

You are required to return all product from the affected lot in your possession. To implement this recall, please do the following:

1. Examine your stock **immediately** to determine if you have any product from the affected lots.

2. If so, **immediately** discontinue distribution of the affected lots and return all units to American Pharmaceutical Partners, Inc., 600 Supreme Drive, Bensenville, IL 60106 via FedEx Ground using the enclosed return goods label and packing slip. A credit memo will be issued covering the quantity of your return to American Pharmaceutical Partners, Inc.

3. **PLEASE COMPLETE THE ENCLOSED "URGENT PRODUCT RECALL RESPONSE FORM" AND FAX BACK TO US IMMEDIATELY AT 1-847-939-8204 or 1-847 939-8213.**

CONTACT NUMBERS: Please use the following contact phone numbers as appropriate:

Number	Department	Reason to Call
(847) 939-8138	Quality Assurance Department	Information on how to return product
(800) 551-7176	Medical Information	For clinical/technical information

We apologize for any inconvenience this voluntary recall may have caused you.

Yours sincerely,

Margaret Foss
Vice President Quality Assurance and Quality Control
Enclosures

6133 NORTH RIVER ROAD SUITE 500
ROSEMONT, IL 60018
FAX (847) 939 8204

AMERICAN PHARMACEUTICAL PARTNERS, INC.™

URGENT PRODUCT RECALL

PRODUCT NAME:		***Fluorouracil Injection, USP 500 mg 50mg/mL 10 mL SD Vial***	
PRODUCT CODE:		***101710***	
NDC NUMBER:		***63323-117-10***	
Lot #:	***Expiration Date:***	***First Ship Date:***	***Last Ship Date:***
140493	11/05	9/1/04	10/18/04
140683	12/05	7/27/04	9/14/04
140684	12/05	9/13/04	9/30/04
140943	2/06	9/30/04	10/14/04
140944	2/06	10/14/04	11/09/04
141057	3/06	10/28/04	11/10/04
141058	3/06	11/10/04	11/24/04
141192	4/06	11/24/04	12/9/04
141193	4/06	12/08/04	12/15/04
141328	5/06	12/21/04	1/13/05
141329	5/06	1/5/05	1/20/05
141348	5/06	12/16/04	1/27/05
141349	5/06	1/4/05	2/16/05
141452	6/06	2/14/05	2/28/05
141482	6/06	3/8/05	3/18/05
200117	7/06	3/18/05	4/01/05
200123	7/06	3/30/05	4/13/05
200124	7/06	3/22/05	7/27/05
200143	8/06	4/20/05	5/5/05
200144	8/06	5/5/05	5/12/05
200175	8/06	6/15/05	6/30/05
200176	8/06	5/12/05	6/1/05
200364	9/06	6/24/05	7/19/05
200383	10/06	5/24/05	6/8/05
200384	10/06	6/8/05	7/22/05
200463	10/06	7/20/05	8/4/05
200466	10/06	8/4/05	8/18/05
200467	10/06	8/17/05	8/19/05
200500	11/06	7/29/05	8/19/05

6133 NORTH RIVER ROAD SUITE 500
ROSEMONT, IL 60018

FAX (847) 939 8204

AMERICAN PHARMACEUTICAL PARTNERS, INC.

Attn: ***Urgent Product Recall***

PACKING SLIP

PRODUCT NAME:	***Fluorouracil Injection, USP 500 mg 50mg/mL 10 mL SD Vial***
PRODUCT CODE:	***101710***
NDC NUMBER:	***63323-117-10***

Lot #	Expiration Date:	First Ship Date:	Last Ship Date:
140493	11/05	9/1/04	10/18/04
140683	12/05	7/27/04	9/14/04
140684	12/05	9/13/04	9/30/04
140943	2/06	9/30/04	10/14/04
140944	2/06	10/14/04	11/09/04
141057	3/06	10/28/04	11/10/04
141058	3/06	11/10/04	11/24/04
141192	4/06	11/24/04	12/9/04
141193	4/06	12/08/04	12/15/04
141328	5/06	12/21/04	1/13/05
141329	5/06	1/5/05	1/20/05
141348	5/06	12/16/04	1/27/05
141349	5/06	1/4/05	2/16/05
141452	6/06	2/14/05	2/28/05
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200123	7/06	3/30/05	4/13/05
200124	7/06	3/22/05	7/27/05
200143	8/06	4/20/05	5/5/05
200144	8/06	5/5/05	5/12/05
200175	8/06	6/15/05	6/30/05
200176	8/06	5/12/05	6/1/05
200364	9/06	6/24/05	7/19/05
200383	10/06	5/24/05	6/8/05
200384	10/06	6/8/05	7/22/05
200463	10/06	7/20/05	8/4/05
200466	10/06	8/4/05	8/18/05
200467	10/06	8/17/05	8/19/05
200500	11/06	7/29/05	8/19/05

Hospital (other) _____

Street Address _____

City, State, Zip code_____

Signature _____

PLEASE ENCLOSE THIS FORM WITH YOUR RETURN

6133 NORTH RIVER ROAD SUITE 500
ROSEMONT, IL 60018

FAX (847) 939 8204

URGENT PRODUCT RECALL RESPONSE FORM

Please complete and fax to: **1-847-939-8204 or 1-847-939-8213**

To: American Pharmaceutical Partners, Inc. Attn: Lucille Raimonde

PRODUCT NAME:	***Fluorouracil Injection, USP 500 mg 50mg/mL 10 mL SD Vial***
PRODUCT CODE:	***101710***
NDC NUMBER:	***63323-117-10***

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200467	10/06	8/17/05	8/19/05
200500	11/06	7/29/05	8/19/05

❑ We currently do not have any of the above listed lot numbers on hand.

❑ We are returning _____vials.

❑ We are notifying our direct account customers.

FROM:

_____

_____

_____

Signature:_____ Date:_____

6133 NORTH RIVER ROAD SUITE 500
ROSEMONT, IL 60018

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