

HMA WGEO – Rapid Alert Form

Counterfeit or illegal product found in the illegal supply chain

Reference:		
Date:	Time:	Initials:
Please complete sections 1 to 5 providing as much information as possible.		
1. REPORTING PERSON		
Name:	Position:	
Organisation:		
Address:		
Telephone No:	Ext:	
e-mail address:		
2. PRODUCT DETAILS		
Product name: La Pepa Negra		
Manufacturer: N/A		
Supplier: N/A		
Legal status: Banned <input type="checkbox"/> Counterfeit <input type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Stolen <input type="checkbox"/>		
Dosage form: Film coated tablet		
Strength: N/A		
Batch / lot no: N/A Is batch number genuine: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes to the above, advise batch destination country:		
Expiry date: N/A		
Language of packaging: spanish		
Date of discovery: 20.07.2016		
Details of discovery: The product was found by customs check. It contains undeclared sildenafil.		
Analysed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
If yes, result of analysis: Sildenafil 49,3mg/tablet		
3. DISTRUBUTION METHOD		
Internet: YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/>		
Internet: N/A	Non internet, advise full details:	

URL: N/A	
Website address: N/A	
Other details: N/A	
Currency of payment: N/A	
Has product reached patients/consumers? unknown	
4. RISK TO PUBLIC HEALTH	
Adverse reactions: YES <input type="checkbox"/> / NO <input type="checkbox"/> unknown	
If yes, please advise details:	
Medical assessment details:	
5. NEED FOR PUBLICITY	
Are you making a public statement? YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/>	
Are you issuing a press release? YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/>	
Are you recalling product? YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/>	
If yes to any of the above, when do you intend to take action?	
6. DISSEMINATION	
Are you content for this Rapid Alert to be shared outside WGEO membership? YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> (please see below)	
If yes, please specify which of the below you are content for this to be shared with (you may tick more than 1 box) Law Enforcement <input checked="" type="checkbox"/> Industry Security <input type="checkbox"/> Trade Associations <input type="checkbox"/> Traders <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____	
7. PHOTOGRAPH	
Attachement 1-2	

