

HMA WGEO – Rapid Alert Form

Counterfeit or illegal product found in the illegal supply chain

Shaded area to be completed by the secretariat

Reference:		
Date: 30 January 2019	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: see Annex 1		
Manufacturer:		
Supplier:		
Legal status: Banned <input type="checkbox"/> Counterfeit <input type="checkbox"/> Unlicensed <input type="checkbox"/> Stolen <input checked="" type="checkbox"/>		
Dosage form:		
Strength:		
Batch / lot no: see Annex 1		
Is batch number genuine: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes to the above, advise batch destination country:		
Expiry date: see Annex 1		
Language of packaging: Italian		
Date of discovery: January 2019		
Details of discovery: The medicinal products have been stolen in Italy in a warehouse.		
Analysed: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If yes, result of analysis:		

3. DISTRIBUTION METHOD

Internet: YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Internet:	Non internet, advise full details:
URL:	
Website address:	
Other details:	
Currency of payment:	
Has product reached patients/consumers? The medicines could be illegally reintroduced into the legal supply chain.	

4. RISK TO PUBLIC HEALTH

Adverse reactions: YES <input type="checkbox"/> / NO <input type="checkbox"/>
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. PHOTOGRAPH

If possible, please attach a photograph of the product:

ANNEX 1

List of stolen medicinal products – theft of January 2019

Medicinal Product	Batch number	Expiry Date	Number of <u>packages</u>
KEYTRUDA SFI 100 MG VIAL	8302605B11	29/02/2020	6912
ZINPLAVA 1000 MG VIAL	6302502C11	31/10/2019	20
ZINPLAVA 1000 MG VIAL	8302501003	31/01/2021	316