


HMA WGEO Rapid Alert Form

Falsified or illegal product found in the illegal supply chain

Unique Reference NO (to be filled by Member State issuing alert): 19-220	
Date:	Time: Initials:
Please complete sections 1 to 5 providing as much information as possible.	
1. REPORTING PERSON	
Name	Position:
Organisation	
Address:	
Telephone	Ext:
e-mail address:	
2. PRODUCT DETAILS	
Product name: see attached file	
Manufacturer: Apotex	
Supplier:	
Legal status: Banned <input type="checkbox"/> Falsified <input type="checkbox"/> Unlicensed <input type="checkbox"/> Stolen <input checked="" type="checkbox"/>	
Dosage form: see attached file	
Strength:	
Batch / lot no:	Is batch number genuine: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above, advise batch destination country:	
Expiry date: see attached file	
Language of packaging: Dutch	
Date of discovery: 27-11-2019	
Details of discovery:	
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 checked="" type="checkbox"/>	
Internet:	Non internet, advise full details:
URL:	

Website address:
Other details:
Currency of payment:
Has product reached patients/consumers?
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. 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 checked="" type="checkbox"/> Trade Associations <input type="checkbox"/>
Traders <input checked="" type="checkbox"/> Customs (nominal data) <input type="checkbox"/> Other <input type="checkbox"/>
Please specify _____
7. PHOTOGRAPH
If possible, please attach a photograph of the product.

Case #19-220

Nr	Product 	Manufact.	Reg. nr	Batch nr	Exp. date	Farm. form	Qty	API
1	Lorazepam Apotex 2,5 mg, tab	Apotex	RVG 57548	3179183	01-2021	tablet	216.000	lorazepam
2	Lorazepam Apotex 2,5 mg, tab	Apotex	RVG 57548	3561341	02-2021	tablet	216.000	lorazepam
3	Lorazepam Apotex 2,5 mg, tab	Apotex	RVG 57548	3221919	02-2021	tablet	216.000	lorazepam
4	Diazepam Apotex 10 mg, table	Apotex	RVG 50282	3292886	05-2023	tablet	216.000	diazepam

Qty = number of pharmaceutical units