## DRINGEND – BITTE SOFORT AUSLIEFERN! IMPORTANT – DELIVER IMMEDIATELY

<b>Rapid Alert</b> Notification of a Quality Defect / Recall					
Meldende Stelle					
1. To / Empfänger:			FAX/E-MAIL		
Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM)			0228 207-4636 poststelle@bfarm.de		
Bundesamt für Verbraucherschutz und Lebensmittelsicherheit (BVL)			030 18444-30409 poststelle@bvl.bund.de		
Paul-Ehrlich-Institut – Bundesamt für Sera und Impfstoffe – (PEI)		06103 77-1263 pei@pei.de			
2. Product Recall Class of Defect: I II 3. Coun (circle one)		3. Counte	erfeit / Fraud (specify)*		
4. Product: 5. Marketing Authoris		g Authorisa	tion Number:*		
	_	For use in humans/animals (delete as required)			
6. Brand/Trade Name:	7. INN or G	7. INN or Generic Name:			
8. Dosage Form:	9. Strength:	9. Strength:			
10. Batch/Lot Number:	11. Expiry D	11. Expiry Date:			
12. Pack size and Presentation:	13. Date Ma	13. Date Manufactured:*			
14. Marketing Authorisation Holder:*					
15. Manufacturer†:	16. Recalling	16. Recalling Firm (if different):			
Contact Person:	Contact Pers	Contact Person:			
Telephone:	ephone: Telephone:				
17. Recall Number Assigned (if available)					
18. Details of Defect/Reason for Recall:					
19. Information on distribution including exports (type of customer, e.g. hospitals):*					

20. Action taken by Issuing Authority			
21. Proposed Action:			
22. From (Issuing Authority):		23. Contact Pe	erson:
		Telephone:	
24. Signed:	25. Date:		26. Time:*

- \* Information not required, when notified from outside EU.
- <sup>†</sup> The holder of an authorisation referred to under Article 40 of Directive 2001/83/EC or Article 44 of Directive 2001/82/EC and the holder of the authorisation on behalf of whom the Qualified Person has released the batch in accordance with Article 51 of Directive 2001/83/EC or Article 55 of Directive 2001/82/EC if different.

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