

HMA WGEO – Rapid Alert Form

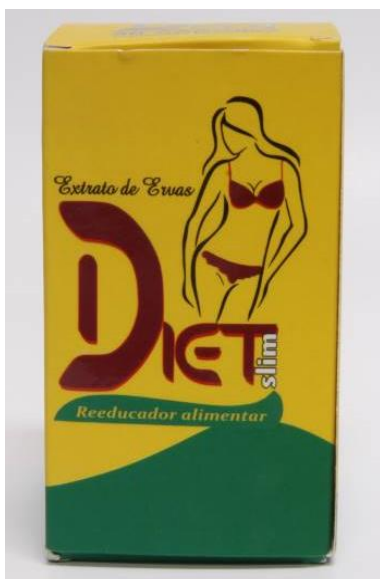
Counterfeit or illegal product found in the illegal supply chain

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: Diet slim		
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: capsules		
Strength: N/A		
Batch / lot no: Not available Is batch number genuine: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes to the above, advise batch destination country:		
Expiry date: 04/2020		
Language of packaging: Portuguese		
Date of discovery: 12/11/2018 (analytical result)		
Details of discovery: The product was found at Customs, during Operation PANGAEA XI. The product was analysed at Infarmed's OMCL. It contains undeclared furosemide, fluoxetine and bupropion.		
Analysed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
If yes, result of analysis: Positive for the presence of furosemide, fluoxetine and bupropion		

3. DISTRIBUTION 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? This specific order was blocked at customs. Unknown distribution of other units.	
4. RISK TO PUBLIC HEALTH	
Adverse reactions: YES <input type="checkbox"/> / NO <input type="checkbox"/> unknown <input checked="" type="checkbox"/>	
If yes, please advise details:	
Medical assessment details:	
5. NEED FOR PUBLICITY	
Are you making a public statement? YES <input checked="" type="checkbox"/> / NO <input 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?	
Informative note to public, published at the institutional site.	
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	
Attachment 1	

ATTACHEMENT 1



Expiry date 04/2020

Package of Diet Slim



Capsules of Diet Slim –Expiry date 04/2020