

HMA WGEO – Rapid Alert Form
Counterfeit or illegal product found in the illegal supply chain

Reference:		
Date: 20220120	Time: 10:00	Initials: SRO
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: BRAWN NUTRITION SARM:MK		
Manufacturer: BRAWN NUTRITION, brawn.nutrition.com		
Supplier: not stated		
Legal status: Banned <input checked="" type="checkbox"/> Counterfeit <input type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Stolen <input type="checkbox"/>		
Dosage form: capsule		
Strength: 30 mg		
Batch / lot no: not stated Is batch number genuine: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes to the above, advise batch destination country:		
Expiry date: 01.21 and 08.21		
Language of packaging: english		
Date of discovery: 20210915		
Details of discovery: Within a surveillance activity a suspect product was verified, and OMCL identified it as a medicinal product without market authorization. Evidence of the acting company are not tangible. The channel of distribution and the spreading is not known. Because there is a potential risk the competent authorities shall be alarmed to get in possibilities to act within their own competency.		
Analysed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

If yes, result of analysis: lbutamoren (MK-677) 25,8 (+/- 0,7) mg	
3. DISTRIBUTION METHOD	
Internet: YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Internet:	Non internet, advise full details: not known
URL:	
Website address:	
Other details:	
Currency of payment: not known	
Has product reached patients/consumers? not known	
4. RISK TO PUBLIC HEALTH	
Adverse reactions: YES <input type="checkbox"/> / NO <input checked="" 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 type="checkbox"/> / NO <input checked="" 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 type="checkbox"/> Industry Security <input type="checkbox"/> Trade Associations <input type="checkbox"/> Traders <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____	
7. PHOTOGRAPH	
If possible, please attach a photograph of the product. vide annex	

