|  |
| --- |
| **Recall Statement** |

|  |  |
| --- | --- |
| **Product Information:** | |
| Product name & strength |  |
| Ministry of Health registration number |  |
| Affected batch number (s) |  |
| Manufacturer |  |
| Manufacturing date |  |
| Expiry date |  |
| Packaging details, Stock Keeping Unit (SKU) |  |

**Reason for Recall:**

Details about the nature of the issue leading to the recall.

**Actions to be taken:**

Instruction to immediately stop prescribing/ dispensing/ distributing or using and quarantine affected stock.

Instruction regarding the return of the affected stock.

Instruction for Customer.

Recall timelines details.

**Document approval**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature** |
| **Reviewed and approved by:**  All Members shall review and approve this document |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |