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| **Recall Report** |

**Quality Defect Class:  Class I  Class II  Class III**

**Level of Recall:  Wholesale  Retail Consumer  Mock Recall Trial**

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| --- | --- |
| **Product Information:** | |
| Product name & strength |  |
| MOH registration number |  |
| Affected batch number |  |
| Manufacturer |  |
| Manufacturing date |  |
| Expiry date |  |
| Packaging details (SKU) |  |

**Details of Defect / Reason for Recall:**

*Detail about the nature of the issue leading to the recall.*

*Deviation, Nonconformance, Complaint investigation outputs*

**Actions taken:**

*List of actions, dates, details.*

|  |  |
| --- | --- |
| **Results of product Recall** | |
| Total quantity |  |
| Overall Recall period (days) |  |
| Not distributed quantity |  |
| Returned quantity |  |
| Not returned quantity |  |
| Disposed by Customers |  |
| Disposed by NBE-Therapeutics |  |
| **Reconciliation conclusion:**  Explained reconciliation between the delivered and recovered quantities of the products | |
| **Detected Deviations, Nonconformances, if any** | |
| **Comments:** | |

**Document approval**

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