|  |
| --- |
| **Recall Report** |

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

**Reason for Recall:**

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

**Actions taken:**

*List of actions, dates, and details.*

|  |  |
| --- | --- |
| **Results of product Recall** | |
| Total Quantity |  |
| Overall Recall period (days) |  |
| Not distributed quantity |  |
| Returned quantity |  |
| Not returned quantity |  |
| Returned to supplier |  |
| Disposed by Customers |  |
| Disposed by Grau Pharma GmbH |  |
| **Reconciliation conclusion:**  Explained reconciliation between the received, shipped and recovered quantities of the products | |
| **Deviations occurred during Recall execution** | |
| **Comments:** | |

**Document approval**

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