

HMA WGEO – Rapid Alert Form

Counterfeit or illegal product found in the illegal supply chain

Shaded area to be completed by the secretariat

Reference: 0310.006		
Date: 30.03.10	Time: 18:20	Initials: ST
Please complete sections 1 to 5 providing as much information as possible.		
1. REPORTING PERSON		
Name: Ms Ruth Lee Choo Ai	Position: Ag Director	
Organisation: Singapore, Health Sciences Authority		
Address: Health Sciences Authority 11 Outram Road Singapore 169078		
Telephone No: +65 68663482	Ext:	
e-mail address: Ruth_Lee@hsa.gov.sg		
2. PRODUCT DETAILS		
Product name: Po Chai Pills (traditional medicine)		
Manufacturer / Supplier: Li Chung Shing Tong (Holdings) Ltd, Hong Kong		
Legal status: Banned <input type="checkbox"/> Counterfeit <input type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Stolen <input type="checkbox"/>		
Dosage form: Capsules		
Strength: Contains Phenolphthalein 3.3mcg and Sibutramine 6.7mcg		
Batch / lot no: 21217 Is batch number genuine: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes to the above, advise batch destination country: Unknown		
Expiry date: 6 - 2012		
Language of packaging: Unknown (possibly Chinese)		
Date of discovery: Unknown		
Details of discovery: Details Unknown		
Analysed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. DISTRIBUTION METHOD		
Internet: YES <input type="checkbox"/> / NO <input type="checkbox"/> Unknown		
Internet:	Non internet, advise full details: Retail Outlets (can be purchased over the counter)	
URL:		
Website address:		

Other details:	
Currency of payment: Unknown	
Has product reached patients/consumers? Retail Outlets	
4. RISK TO PUBLIC HEALTH	
Adverse reactions: YES <input type="checkbox"/> / NO <input type="checkbox"/> Unknown	
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 checked="" type="checkbox"/> / NO <input type="checkbox"/> Retail Level Recall	
If yes to any of the above, when do you intend to take action? Unknown	
6. PHOTOGRAPH	
If possible, please attach a photograph of the product. Please see attached.	