		Reference Number:
From: **PharmaRoad Kft.**		
1. To: Company, name, address, email.		
2. Product Recall Class of Defect: I II III (circle one)		3. Falsification / Fraud (specify)*
4. Product:	5. Marketing Authorisation Number:/For use in humans	
6. Brand/Trade Name:	7. INN or Generic Name:-	
8. Dosage Form: oral/tablets	9. Strength:	
10. Batch number (and bulk, if different):	11. Expiry Date:	
12. Pack size and Presentation:	13. Quantity:	
14. Marketing Authorisation Holder: *		
15. Manufacturer*: Contact Person:- Telephone/Email:-	16. Recalling Firm (if different): Contact Person: Telephone/Email	
17. Recall Number Assigned (if available):		
18. Details of Defect/Reason for Recall:		
19. Action taken by Issuing Authority:		
20. Proposed Action:		
22. From (Issuing Authority):-		
24. Signed:	25. Date:	26. Time: -

* The holder of an authorisation referred to under Article 40 of Directive 2001/83/EC or Article 44 of Directive 2001/82/EC and the holder of the authorisation on behalf of whom the Qualified Person has certified the batch for release in accordance with Article 51 of Directive 2001/83/EC or Article 55 of Directive 2001/82/EC if different.

****