Medicines Control Authority of Zimbabwe

LEF 60

LICENSING AND ENFORCRMENT DIVISION

FINAL REPORT FORM

Note: Use separate form for each medicinal product reported.
This report and the completed form should be returned to MCAZ within 14 days after commencing recall.

Details of the recalled products	
Details of the recalled products	
Name of the product	Zimbabwe Registration number
Active ingredients & strength	
Dosage form	Pack size
Batch number	Expiry date
Reasons for recall	
Extent of Distribution	
Imported/ manufactured quantity	
Quantity exported	Countries of Export
Quantity distributed in Zimbabwe	No. of Consignee
Action taken by the Applicant	
Result of Recall	
Quantity of stock returned	Quantity of stock outstanding
Quantity of stock used or sold by the consignees	
Quantity of stock not located	
No. of Recall Reply Form received from consignees on all stock returned/ reported	
Disposal Plan	
Method of Disposal □ Destroy □ Return to external manufacturer □ Others, please specify:	
Details of the disposal method	

Applicant Name: …….. Signature: ……

Name of Recall personnel: …….

Date: ……

Submit signed form to: The Director-General
Medicines Control Authority of Zimbabwe
106 Baines Avenue
P O Box 10559
Harare