

**ANNEXURE-V**

**Summary Report of Recall**

(Attach Additional Sheet If Required)

Company Logo Here

**XX PHARMACEUTICALS LIMITED**

117 Adams Street, Brooklyn, NY 11201, USA

**Summary Report of Recall**

Name of product: \_\_\_\_\_

Date of manufacturing: \_\_\_\_\_

Strength: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Batch no.: \_\_\_\_\_

Pack size: \_\_\_\_\_

Reason for recall (Nature of defect): \_\_\_\_\_

Recall No.: \_\_\_\_\_

Date: \_\_\_\_\_

Number of packs returned (including complaint and damaged stock)	Date returned	Number of packs sold	Source (e.g. depot, hospital, chemist, whole sale etc)	Comments (e.g. discrepancy between advised and actual returned)

Total returns: \_\_\_\_\_

Total number of packs originally (supplied/distributed): \_\_\_\_\_

Total number of packs frozen in depot: \_\_\_\_\_

Total number of packs unaccounted for/in excess of supplies: \_\_\_\_\_

Action taken for returned goods: \_\_\_\_\_

Corrective action taken to prevent recurrence: \_\_\_\_\_

Reported by Head of Quality Assurance: \_\_\_\_\_

Date: \_\_\_\_\_

Circulate to: \_\_\_\_\_