

## REGULATION AND PREQUALIFICATION DEPARTMENT

## **VACCINES ASSESSMENT TEAM**

## **TEMPLATE**

MODEL	DDANICT	ALERT FORM
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MIODEL PRODUCT ALERT FORM			
Doc No: IMD/TP/13d	Version No: 2	Revise before: 3yrs	
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Approved by:	TL-VAX, date:	UH-PQT, date:	
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## **IMD-PQS** *Product Alert*

**Product: <Description>** 

PQS reference: <IMD-PQS unique reference>

Date of alert: <dd.mm.yy>

Alert last updated <dd.mm.yy>

Description of the problem: <describe the nature of the problem>

Recommended action: <describe what action should be taken by product users>

Action by WHO: <describe what action WHO is taking to resolve the problem>