

Reference:		
Date: 24/05/2017	Time:	Initials:
Please complete sections 1 to 5 providing as much information as possible.		
1. REPORTING PERSON		
Name:	Position:	
Organisation:		
Address:		
Telephone No:	Ext: -	
e-mail address:		
2. PRODUCT DETAILS		
Product name: Stimulust		
Manufacturer: unknown		
Supplier: Jeffcor BV		
Legal status: Banned <input type="checkbox"/> Counterfeit <input type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Stolen <input type="checkbox"/>		
Dosage form: capsule		
Strength: no mention of medicines on the packaging.		
Batch / lot no: 1589P Is batch number genuine: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes to the above, advise batch destination country:		
Expiry date: 06/2018		
Language of packaging: Dutch / English		
Date of discovery: 31/03/2017		
Details of discovery: unlicensed medicines, seized in sex shops by regulatory agency in Antwerp (Belgium).		
Analysed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
If yes, result of analysis: The results of the analysis indicated that this product contains the following active substance: sildenafil .		

internet:	non internet, advise full details:
URL:	The product was sold in Belgian sex shops.
Website address:	
Other details:	
Currency of payment: unknown	
Has product reached patients/consumers? Yes	
4. RISK TO PUBLIC HEALTH	
Adverse reactions: YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/>	
If yes, please advise details: No adverse reactions have been notified so far, however the presence of the active substance sildenafil is considered to pose a risk to public health, particularly in patients with cardiovascular diseases.	
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 type="checkbox"/> / NO <input checked="" type="checkbox"/>	
If yes to any of the above, when do you intend to take action?	
6. DISSEMINATION	
Are you content for this Rapid Alert to be shared outside WGEO membership? YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> (please see below)	
If yes, please specify which of the below you are content for this to be shared with (you may tick more than 1 box)	
Law Enforcement <input checked="" type="checkbox"/> Industry Security <input type="checkbox"/> Trade Associations <input type="checkbox"/>	
Traders <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____	
7. PHOTOGRAPH	
See pictures on the next page.	

