

Date: 22 April 2015

URGENT MEDICINE RECALL

CLASS 1 TYPE C

Dear Customer

Equity Pharmaceuticals (Pty) Ltd is recalling the following:

Product: Intramol Solution for Infusion

Dosage Form: Intravenous Infusion

Strength: 1 g / 100 ml

Reg No: 47/2.7/0570

Pack Size: 100 ml

Batch Number: A4H124A

Expiry date: 30/07/2016

Batch Number: A4H125A

Expiry date: 30/07/2016

Batch Number: A5A167A

Expiry date: 30/12/2016

Batch Number: A5A168A

Expiry date: 30/12/2016

Batch Number: A5B220A

Expiry date: 30/01/2017

This recall is initiated as a result of a product quality complaint logged at Equity Pharmaceuticals (Pty) Ltd due to contamination caused by a microorganism.

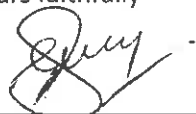
We request that you immediately return all batches of Intramol IV stock to your supplying wholesaler or distributor for full credit.

Please retain this letter in a prominent position for one month in case stock is in transit.

If any of the recalled stock could have been transferred from your hospital to another, please let that hospital know or alternatively inform our company so that we can make contact with the hospital supplied from your hospital.

We apologise for any inconvenience and thank you for your co-operation. Should you have any queries do not hesitate to contact Benjamin Miny (Responsible Pharmacist) or Carel Boucher (Deputy Responsible Pharmacist) at 012 345 1593.

Yours faithfully



Benjamin Miny
RESPONSIBLE PHARMACIST

AFTER HOURS CONTACT DETAILS:

Benjamin Miny

RESPONSIBLE PHARMACIST

082 448 8148 / benjamin@equitypharma.co.za

Carel Boucher

DEPUTY RESPONSIBLE PHARMACIST

082 879 8866 / carel@equitypharma.co.za

Equity Pharmaceuticals (Pty) Ltd 1997/009942/07

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Physical Address: 100 Sovereign Drive, Route 21 Corporate

Park, Nellmapius Drive, Irene, 0157, Pretoria, South Africa

Postal Address: PO Box 60964, Pierre van Ryneveld, 0045

Please complete and return to Equity Pharmaceuticals (Pty) Ltd

Customer Name:

Date:

Product: Intramol Infusion for Solution 1 g / 100 ml (Reg # 47/2.7/0570)

Information to be completed even the absence of stock:

Batch Number	Quantity Received	Quantity On System	Quantity on hand to be returned

I _____ (name), _____ (position), of _____ (Company) confirm that I have received the notification of this recall and have actioned accordingly.

Signed _____

Date _____

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