RAPID ALERT NOTIFICATION OF A QUALITY DEFECT/RECALL IMPORTANT - DELIVER IMMEDIATELY

	:	Reference Number	
[add letter head of sender]			
To: (see list attached, if more than one)			
2. Product Recall Class of Defect: (I)	II		
(circle one) Not yet classified, potential class		3. Falsification / Fraud (specify)* N/A	
		Authorisation Number: *	
4. Product: Arize Herbal Dietary Supplement Capsules	For use in humans		
6. Brand/Trade Name: Arize Herbal Dietary Supplement Capsules	7. INN or Generic Name:		
8. Dosage Form: Capsule	9. Strength: N/A		
10. Batch number (and bulk, if different): 2107, EXP: 10/2024	11. Expiry Date: 10/2024		
12. Pack size and Presentation:	13. Date Manufactured: * N/A		
10 capsules			
14. Marketing Authorisation Holder*: N/A			
15. 1 Manufacturer:	· · · · · · · · · · · · · · · · · · ·		
Contact Person: Telephone:	16. Recalling Firm (if different): Today the World		
15.2 Where the defect is attributed to a			
manufacturing site, site where defect occurred (if different from 15.1):	Telephone:		
Contact Person:			
Telephone:			
17. Recall Number Assigned (if available): TBD			
18. Details of Defect/Reason for Recall: Marketed recalled due to the Presence of Undeclared Norta		proved NDA/ANDA. Product is being	
19. Information on distribution including exports (via website www.getarize.com in the USA.	type of custom	er, e.g. hospitals): The product was distributed	
20. Action taken by Issuing Authority: Firm issued			
02/05/2024. https://www.fda.gov/safety/recalls-voluntary-nationwide-recall-all-lots-arize-herbal-d			
21. Proposed Action: U.S. Food and Drug Administ	tration is monit	oring this recall. UB Держпрод	

22. From (Issuing Authority): U.S. Food and Drug Administration		23. Contact Person:
		Telephone: 301-796-3130
24. Signed: Shiva Shahabadi -S Sadabada -S	25. Date:	26. Time: *

^{*} Information not required, when notified from outside EU.

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