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

		Reference Number	
[add letter head of sender]			
1. To: (see list attached, if more than one)	100 A		
Product Recall Class of Defect: (I) (circle and) Not yet classified, potential class	II	3. Falsification / Fraud (specify)*	
(circle one) Not yet classified, potential class 4. Product: ADVANCED GLUCOSE SUPPORT Dietary Supplement Capsules	5. Marketing Authorisation Number: *		
6. Brand/Trade Name: Dr. Ergin's SugarMD, ADVANCED GLUCOSE SUPPORT	7. INN or Generic Name:		
8. Dosage Form: N/A	9. Strength: N/A		
10. Batch number (and bulk, if different):	11. Expiry Date:		
LOT#22165-003	N/A		
12. Pack size and Presentation: 60,120 & 180-count bottles	13. Date Manufactured: N/A		
14. Marketing Authorisation Holder*: N/A			
15.	16. Recalling Firm (if different): SUGARMDS LLC 11470 Schenk Dr		
15.2 Where the defect is attributed to a manufacturing site, site where defect occurred (if different from 15.1):	Maryland Heights, MO, 63043-3417		
17. Recall Number Assigned (if available): F	L RES 93394		
18. Details of Defect/Reason for Recall: Mar analysis has found the product to be tainted			
19. Information on distribution including expand online websites.	ports (type o	f customer, e.g., hospitals): Nationwide	
20. Action taken by Issuing Authority: FDA (11.3.2023). Firm issued press (11.8.2023)			
21. Proposed Action: U.S. Food and Drug A	dministration	is monitoring this recall.	

22. From (Issuing Authority):

U.S. Food and Drug Administration

24. Signed: C. Howard

23. Contact Person:

Telephone: 301-796-3323

26. Time: 0900

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25. Date: 11/28/2023

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



REPUBLIC OF BULGARIA MINISTRY OF AGRICULTURE AND FOOD BULGARIAN FOOD SAFETY AGENCY

IMPORTANT DELIVER IMMEDIATELY Rapid Alert Notification of a Quality Defect / Recall

Reference Number: Quality Defect Alert BG/I/02/23 QUALITY DEFECT RAPID ALERT 1. To: Quality defect rapid alert contacts(see list attached, if more than one) 2. Product Recall Class of Defect: 3. Counterfeit / Fraud (specify)* (circle one): TYPE I 4. Product: 5. Marketing Authorisation Numbers: **Veterinary Medicinal Products** 0022-1649 For use in animals 6. Brand/Trade Name: 7. INN or Generic Name: OXYTETRACYCLIN hydrochloride-NGP 22/ 1,020 g comprettae spumescentes 8. Dosage Form: 9. Strength: intrauterine tablet 10. Batch number (and bulk, if different): 11. Expiry Date: 22-010123 01/2025 14. Marketing Authorisation Holder: NGP Pharm EOOD 10 Hadji Angel Str., 5400, Sevlievo, Republic of Bulgaria Contact person: 15. Manufacturer: 16. Recalling Firm (if different): SEVEREN VETERINAREN DILAR-SVD" OOD, 10 Hadji Angel Str., 5400, Sevlievo, Republic of Bulgaria 18. Details of Defect/Reason for Recall: After routine sampling major inconsistencies have been identified relating to the text on the batch product labelling (e.g. withdrawal period and target species). 20. Action taken by Issuing Authority: Order for recall of the affected batch to vet, level. 21. Proposed Action: No batch distribution outside of Bulgaria. 23. Contact Person: 22. From (Issuing Authority): Miroslav Georgiev BULGARIAN FOOD SAFETY AGENCY Telephone: Email: mg_georgiev@bfsa.bg 25. Date: 29 November 2023 24. Signed: 26. Time: *

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

		Reference Number
[add letter head of sender]	1	100 000 000 100 00 100 00 000
1. To: (see list attached, if more than one)		
2. Product Recall Class of Defect: I	II	3. Falsification / Fraud (specify)*
(circle one) Not yet classified, potential class	ss	
4. Product: Dietary supplements	5. Marketing For use in h	g Authorisation Number: * numans
6. Brand/Trade Name: Kuka Flex Forte, Reumo Flex (caplets), and Artri King (tablets)	7. INN or G	eneric Name: N/A
8. Dosage Form: Caplets and Tablets	9. Strength:	: N/A
10. Batch number (and bulk, if different): All batches	11. Expiry [Date: all
12. Pack size and Presentation: Artri king in the bottles with 100 tablets. Kuka Flex in the bottles with 30 caplets. Reumo flex in the boxes with 30 caplets.	13. Date Ma	anufactured: *
14. Marketing Authorisation Holder*: N/A		
15. 1 Manufacturer:	T	
Contact Person: Telephone:	16. Recalling Botanical-Be	g Firm (if different):
15.2 Where the defect is attributed to a manufacturing site, site where defect	Telephone: ((915) 412-6237
occurred (if different from 15.1):	or by e-mail	at botanical.be@gmail.com
Contact Person:	The state of the s	
Telephone:		. S.
17. Recall Number Assigned (if available):	93257	
18. Details of Defect/Reason for Recall: Du	e to the Prese	nce of Undeclared Diclofenac.
19. Information on distribution including exproducts were distributed nationwide via the		customer, e.g. hospitals): These
20. Action taken by Issuing Authority: https://https://https://https://https://html.html https://html:/https://html https://html:/https://html https://https://html https://html https://html https://html https://html https://html <a hre<="" td=""><td>v-nationwide-r leclared%20D %20Nationwid</td><td>ecall-kuka-flex-forte-reumo-flex- iclofenac- de%20Recall%20of%20Kuka%20Flex%</td>	v-nationwide-r leclared%20D %20Nationwid	ecall-kuka-flex-forte-reumo-flex- iclofenac- de%20Recall%20of%20Kuka%20Flex%
21. Proposed Action: U.S. Food and Drug A	Administration	is monitoring this recall.

	ssuing Autho nd Drug Adn			23. Contact Person:
Beatriz Caceres- Beatriz Caceres- Beatriz Caceres-gentile -s		Telephone: 301-796-3130		
24. Signed:	gentile -S	Date: 2023.11.28 09:25:57 -05'00'	25. Date:	26. Time: *

Information not required, when notified from outside EU.

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