**RECORD OF MEDICINES RECALL AND ACTION TAKEN FOR IMPS AND MEDICATIONS IN RPH SPONSORED studies**

Sponsor to Complete

|  |  |
| --- | --- |
| Clinical trial affected by recall / CI |  |
| R&D Reference Number |  |
| Message Received By (name and job) |  |
| Date and Time |  |
| Recall level | 1 2 3 4  |
| Reason for recall  |   (or attach memo) |
| Drug name, form and strength  |  |
| Pack Size |  |
| Manufacturer / Supplier |  |
| Legal status of drug  | Licensed Unlicensed Special For clinical trial use only |
| Batch numbers affected (or attach list) |  |
| MHRA (CTU and Defective Medicines Report centre) contacted | Yes / NoOutcome of discussion: |
| Actions requested at Site |  |
| Site Actions |
| Site name/number |  |  |
| Staff Actioning Recall |  |  |
| Product distributed to trial participants | Yes – attach list of subject numbers who received drug and dispensing dates | No |
| Relevant staff members informed (tick if informed) | CI or PIResearch NursePharmacy teamR&D trial manager / trial co-ordinator |
| Action taken (by who)For patient level recalls please document separately in patient notes any specific actions |  |
| Recall Actions complete |  (Signature & Date) |
| Comments  |  |

**Once complete please return for to the Clinical Trial Manager / Sponsor representative.**

**File in Investigator Site File and Pharmacy File (copy)**

**Recall Levels:**

Class 1 (recall - action now including Out of Hours). Will also be classed as a National Patient Safety alert (risk of death or disability)

Class 2 (recall- action within 48 hours) May be classed as National Patient Safety Alert

Class 3 (recall - action within 5 days)

Class 4 (medicines notification, caution in use, no recall required)