

**BATCH RECALL FORM**

**Name and Address of Wholesaler:**

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**Telephone number:** \_\_\_\_\_

<b>Product Name</b>	<b>Batch numbers</b>	<b>Quantity of units quarantined</b>
<b>Valtan 40 mg film-coated tablets</b>	11DHUD	
<b>Valtan 80 mg film-coated tablets</b>	11EGVD	
<b>Valtan 160 mg film-coated tablets</b>	11FL1A	
<b>Amlopidine/Valsartan Clonmel 5mg/80mg film-coated tablets</b>	11FG7D	