Daily Reporting Form Guideline

In preparation of Operation Pangea, please find below a guideline for the Daily Reporting Form which provides an overview of the information which is to be included in each tab of the form.

- **The Daily Reporting Form is to be used by all Agencies / Single Points of Contacts (SPOCs).**
- We thank you in advance for sending the reporting form each day by 5pm local time**.** If possible, please also send relevant pictures to pangea@interpol.int.
- The INTERPOL coordination team will, in turn, starting on day 3, send a Daily Report for each day of the operation, highlighting the overall results achieved by the participating countries and when/if possible, also specific intelligence to relevant countries.

Following the completion of Operation Pangea, kindly provide the total results of your country's activities. The coordination team will present the total results of the operation in a press release.

Please find below an overview of each section of the reporting form.

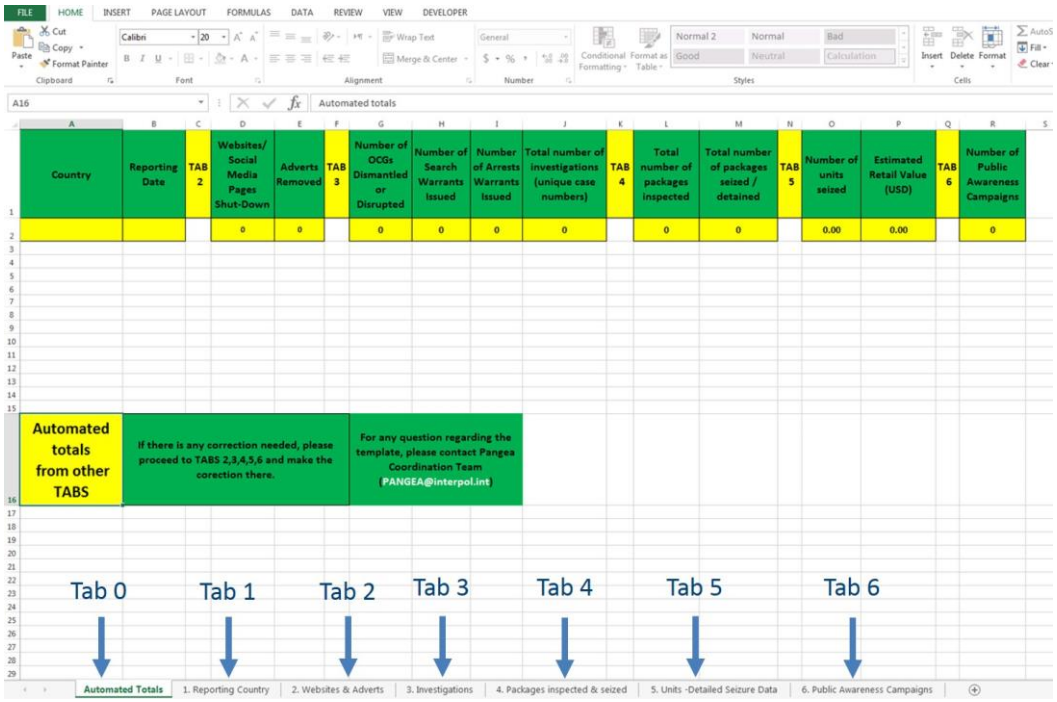


Figure I –Daily Reporting Form with all tabs highlighted at the bottom of the figure:

The below information is to be employed as a user guide when filling in the reporting form. If you have any specific questions, please contact pangea@interpol.int

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TAB ZERO – "Automated totals" – You don't need to do anything in this tab.

The information here will be automatically updated from other tabs, so that a quick look at the seizures can be made, for data processing reasons. If there is any issue with the template, please contact the Pangea Coordination Team.

First tab – 'Reporting Country' – Please clearly state the following:

1. **Country –** Select your own country from the drop-down list.
2. **Agency / Agencies** – Select the agency or agencies sending the reporting form from the list. In case an agency is not listed, add it in the "Other info" column.
3. **Reporting Date** – Date (DD/MM/YYYY) that the results being reported took place.

Second tab – 'Websites & Adverts' – please clearly state the following:

1. **Case number –** Write a case number which can also correspond to a case number under Tab 3, 4, or 5 to show if the cases are linked.
2. **Websites/Social Media Page URL-** e.g. http://www.acb123medicines.com or www.facebook./com/....
3. **Medical Product Therapeutic Category Advertised** – Insert the name of the product advertised on the respective link.
4. **Offence –** indicate what kind of offence was committed.
5. **Name of Registrar –** Indicate the name of registrar (usually an organisation) for the website's domain name.
6. **Name of the Registrant person/organization –** indicate (if available) the name of the person or organisation who registered the website.
7. **Registrar Location (country) –** If known, select the country in which the registrar is located from the drop-down list.
8. **Website or Page Shut-Down -** Has the illicit website been taken down (select YES / NO / IN PROGRESS).
9. **Advert Removed?** – Has the illicit advert been taken down removed (select YES / NO / IN PROGRESS).
10. **Payment system used** – Select from the drop-down list which payment systems are used by the website. If you have identified other payment system which is not in the list, please select "Other" and describe the payments system is in the "Other info" column.
11. **Payment system suspended?** – Select from the drop-down list if the payment system was suspended as a result of a request by your agency (YES / NO / IN PROCESS).
12. **Other info** – Include any additional information you deem to be important.

Third tab – 'Investigations' – please clearly state the following:

1. **Case number** – Write a case number which can also correspond to a case number under Tab 3, 4, or 5 to show if the cases are linked.
2. **Number of OCGs Dismantled or Disrupted** – Insert the number of Organized Crime Groups (OCGs) dismantled or disrupted by the actions of your agency.
3. **Number of search warrants issued –** How many search warrants were issued?
4. **Number of arrests warrants issued –** How many individuals were arrested?
5. **Offense(s) related to** – Select the type(s) of offenses that the suspects are being investigated for from the drop-down list (counterfeit medicines, counterfeit medical devices, diverted medicines/medical devices, unauthorized medicines/medical devices, illicit practice of pharmacy, illicit sale of medicines/med. devices, illicit Sale/Production of Raw Materials for

medicines, illicit use of controlled substances, money laundering, smuggling, Tax fraud, Mixed offenses). For "Other" or "Mixed offenses", please use the "Other info" column and mention the offences. DO NOT insert the content of national legislation articles, but rather a short description of the offense, for example "theft", "robbery", etc.

6. **Offender/Suspect's Name, Surname, Date of Birth, ID or Passport Number/Issuing Country** – please write these details separated by comma.
7. **Modus Operandi Description** – Describe if a particular modus operandi has been identified during the investigation. If easier, please send data on the modus operandi in a separate file (Word, PDF, image files).
8. **Other info** – Use this column to add any other relevant information.

Fourth tab – 'Packages inspected and seized – please clearly state the following:

1. **Case number** - Write a case number which can also correspond to a case number under Tab 3, 4, or 5 to show if the cases are linked.
2. **Place of inspection** – Name of the village or city or town and the location where the inspection took place (post office, train station, port, airport, etc.).
3. **Total number of packages inspected** – insert numbers only**.**
4. **Total number of packages seized/detained** - insert numbers only.
5. **Other info** – use this column to add any other relevant information.

Fifth tab – **'Detailed Seizure Data'** – please clearly state the following:

1. **Case Number –** Write a case number which can also correspond to a case number under Tab 3, 4, or 5 to show if the cases are linked.
2. **Date of Seizure** – please mention the date when the goods were seized.
3. **Place of seizure** – Name of the village or city or town and the exact location where the goods were seized.
4. **Name of Manufacturer –** As written on package or medical device.
5. **Name of Product –** Indicate the name as written on package or medical device.
6. **Sub-therapeutic category** – Select the corresponding sub-therapeutic category from the drop-down list. In case the category is not listed, choose OTHER and specify in the "Other info" column.
7. **Number of units seized –** insert the number of units seized. One unit equals only one ampoule, bottle, box, kilogram, litre, pack, piece, pill, sack, tablet, vial or other.
8. **Type of units seized –** choose from the drop-down list the type of unit mentioned in the previous column: ampoule, bottle, box, kilogram, litre, pack, piece, pill, sack, spray, tablet, vial or other.
9. **Estimated retail value (USD)** – estimate the retail value and enter only numbers in this column. If unknown, please use a value of USD 3 per unit seized.
10. **Reason for Seizure** – select reason for seizure from pick-list (counterfeit; diverted; expired, sub-standard; suspected counterfeit; unauthorised, other)
11. **Type of Intellectual Property Rights Violation:** please select from the drop down list what type of intellectual property right has been violated**.**
12. **Batch Number (as on package)** – as written on package.
13. **Concealment Method/Declared as** – method used to conceal the medicines (e.g. hidden among goods in package/container; hidden in vehicle; hidden on person, etc.). For customs please state if the good was declared as another type of merchandise.
14. **Presumed Country of Origin of the Product/Substance –** Select the country were the medical products/substances/equipment presumably originate, based on the information available within your organisation.

15. **Country of Origin of Shipment** – Select the country from where the shipment was sent.
16. **Transit Country of Shipment –** Indicate the country/ies transited by the shipment, if any.
17. **Country of Destination of Shipment –** *Only if it is different than the reporting country*, select the country where the shipment was send to.
18. **Sender Details –** Indicate any nominal details for sender (e.g. first name; surname; address).
19. **Recipient Details –** Indicate any nominal details for recipient (e.g. first name; surname; address).
20. **Permission of the INTERPOL National Central Bureau to share ONLY statistical data, (columns A to Q) with the relevant authorities in Pangea XII participant countries?** – Select YES or NO from the drop-down list.

    It should be noted that the information in this section will not be shared with all the participant countries by default.

    Only after careful analysis and if the reporting country allows it, the information will be shared with the relevant countries that are able to check and act upon that information.

    The purpose of this section is to inform the relevant country/countries about their own products being seized in other countries (if this is not done by default), thus fostering potential international police cooperation.

    Should any relevant information be received, the NCBs are encouraged to engage in further international police cooperation with all countries involved.

21. **Other info –** Include any additional information, such as the results of forensic analysis, transport mean, modus operandi, etc.

Sixth tab – 'Public Awareness Campaigns' – please clearly state the following:

1. **Number of Public Awareness Campaigns** – Indicate the number of campaigns undertaken.
2. **Describe Briefly the Public Awareness Campaign (Media link available?)**– Indicate the type of campaign (e.g. internet campaign, lecture, workshop, media interview, leaflets etc.). Please also include the dates of the campaign and potential audience reach.