Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13031

1 - AFFIDAVITS

AFFIDAVIT

SAMPLE NO. 98-11237

STATE OF [redacted]

COUNTY OF [redacted]

Before me, Emma A. Nesbit, an employee of the Department of Health and Human Services, Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12-15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1-9, effective April 11, 1953; and P.L. 96-88, Sec. 509, 93 Statutes at Large 965 (20 U.S.C. 3508), effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared Ms. [redacted] in the county and State aforesaid, who, being duly sworn, deposes and says: On May 27 I was given 2 sample packs of Herbalife thermogenic (Green/beige) on May 28th at 1000am I took 3 Green & 1 beige (as was recommended by the person selling the product) Throughout the day I was also drinking the Herbal Concentrate from Herbalife. I took another 3 Green and 1 White at 3:00pm I was feeling my heart race throughout the day. After work I played 2 Softball games, at the second I collapsed and went into Cardiac arrest. I had to be revived 4 times. There were two police officers at the scene who administered CPR and also used a portable Defibrillator. I [redacted] where was bought to [redacted] I was in A Coma. The staff kept asking family members if I was using an inhaler for asthma, or if I had asthma. They at this time could not give A diagnosis I woke from my Coma and then on June 2 I was taken to [redacted] where I was given an [redacted] option to have a defibulator put in me, which I did.

AFFIANT'S SIGNATURE AND TITLE [redacted]

X [redacted]

FIRM'S NAME AND ADDRESS (Include ZIP Code) [redacted]

X [redacted]

Subscribed and sworn to before me at [redacted] (City and State)

this 5th day of August, 19 98.

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Emma A. Nesbit
(Employee's Signature)

000002

Employee of the Department of Health and Human services designated under Act of January 31, 1925, Reorganization Plan IV effective June 30. 1940; Reorganization Plan No. 1 of 1953, effective April 11, 1953; and P.L. 96-88 effective May 4, 1980.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

1 DISTRICT ADDRESS & PHONE NUMBER
FDA
Waterview Corporate Centre
10 Waterview Blvd
Parsippany, NJ 07054
(973) 526-60

2 NAME AND TITLE OF INDIVIDUAL	3 DATE	4 SAMPLE NUMBER
Ms. [redacted]	8-5-98	98-11237

5 FIRM NAME	6 FIRM'S DEA NUMBER	7 FDA'S DEA NUMBER
—	—	—

8 NUMBER AND STREET	9 CITY AND STATE *(Include Zip Code)*
[redacted]	[redacted]

10 SAMPLES COLLECTED *(Describe fully List lot, serial, model numbers and other positive identification)*

The following samples were collected by the Food and Drug Administration and receipt is hereby acknowledged pursuant to Section 704(c) of the Federal Food, Drug, and Cosmetic Act [21 U S C 374 (c)] and / or Part F, Sub Part 3, Section 356(b) of The Public Health Service Act [42 U S C 263d] and/or 21 Code of Federal Regulations (CFR) 1307.02 Excerpts of these are quoted on the reverse of this form
(**NOTE:** *If you bill FDA for the cost of the Sample(s) listed below, please attach a copy of this form to your bill.*)

Product	Amount	Lot #	Exp Date
Herbalife Thermojetics Green/Beige	6 Green Tablets 2 Beige Tablets	MV8D001	—
One Previously Open Bottle of. Herbalife Thermojetics Herbal Concentrate	1.8 oz/50g	07195	

Formulated exclusively For:
Herbalife International
Los Angeles, CA 90080-0210

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11 SAMPLES WERE	12 AMOUNT RECEIVED FOR SAMPLE	13 SIGNATURE *(Person receiving payment for sample or person providing sample to FDA at no charge)*
☒ PROVIDED AT NO CHARGE ☐ PURCHASED ☐ BORROWED *(To be returned)*	N/C ☐ CASH ☐ BILLED ☐ VOUCHER ☐ CREDIT CARD	[redacted]

14 COLLECTOR'S NAME *(Print or Type)*	15 COLLECTOR'S TITLE *(Print or Type)*	16 COLLECTOR'S SIGNATURE
Ms. Emma A Nesbit	Complaint Coordinator	Emma A. Nesbit

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