# Understanding the Difference between Macronutrients vs. Micronutrients

# 1. INTRODUCTION

# 1.1 Splash



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# 1.2 Learner Agreement



# 1.3 Important Tips



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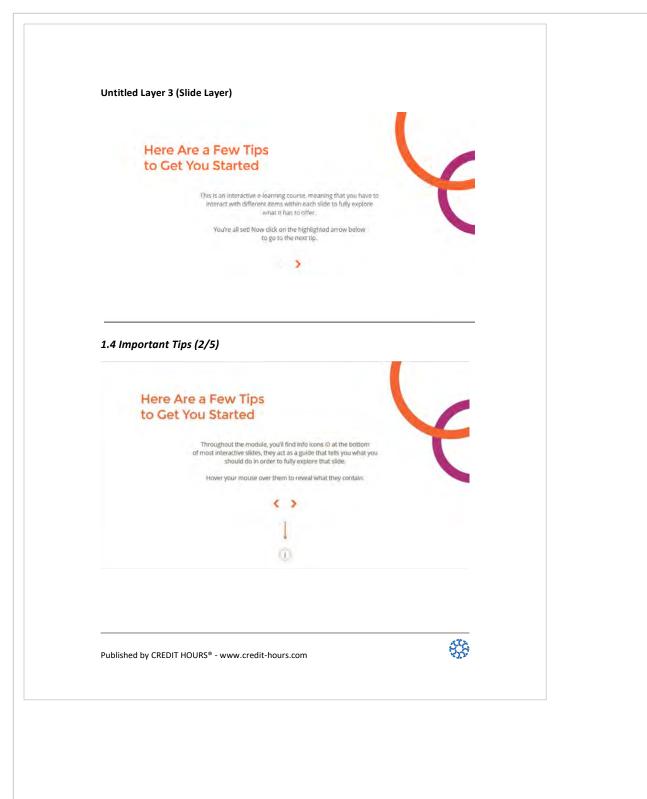
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# 1.5 Important Tips (3/5)



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# 1.6 Important Tips (4/5)



# 1.7 Important Tips (5/5)



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# 1.8 Introduction

# Introduction

- Nutrition is essential to our health, so we will discuss macronutrients and micronutrients containing vitamins and minerals.
- The aim of this study is to determine the important role of micronutrients and macronutrients for all vital functions of the body.
- As a community pharmacist, you can assign the visitor essential nutrition for living a good lifestyle.



# 1.9 Learning Objectives



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# 1.10 Module Lessons



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### 2. MACRONUTRIENTS OVERVIEW

# 2.1 Macronutrients Overview



# 2.2 Did You Know



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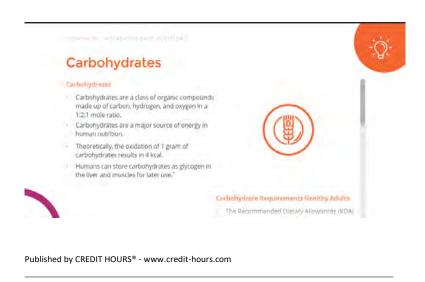
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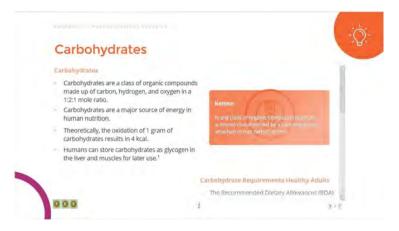


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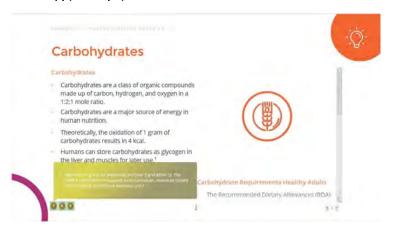
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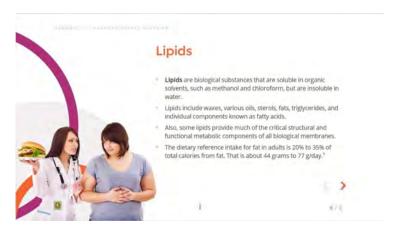
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# 2.4 Lipids



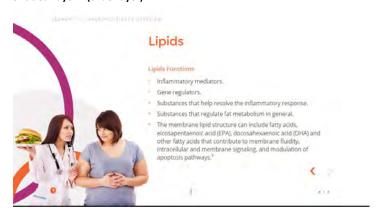
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#### 2.5 Proteins



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# 2.6 Macronutrients' Guidelines for General Population and Health



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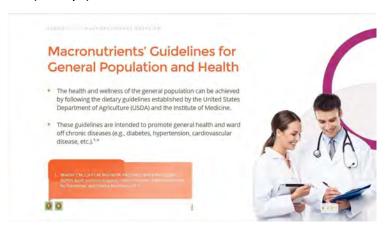
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# 2.7 Summary



# 3. MICRONUTRIENTS: FAT-SOLUBLE VITAMINS

# 3.1 Micronutrients: Fat-soluble Vitamins



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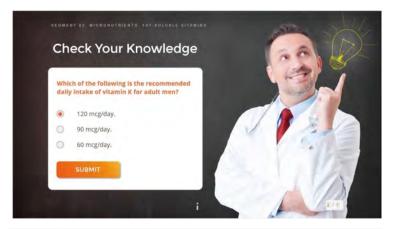


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# 3.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
Х	120 mcg/day.
	90 mcg/day.
	60 mcg/day.

#### Feedback when correct:

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### Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

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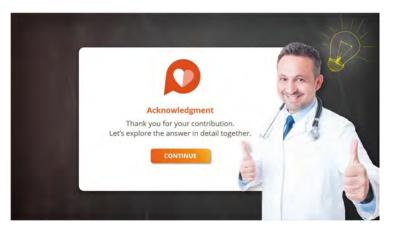


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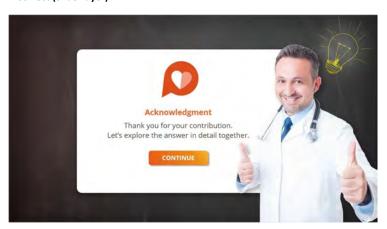
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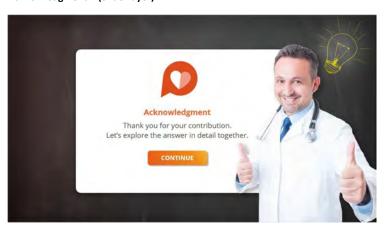
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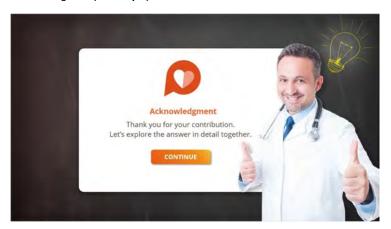


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# 3.3 Vitamin A



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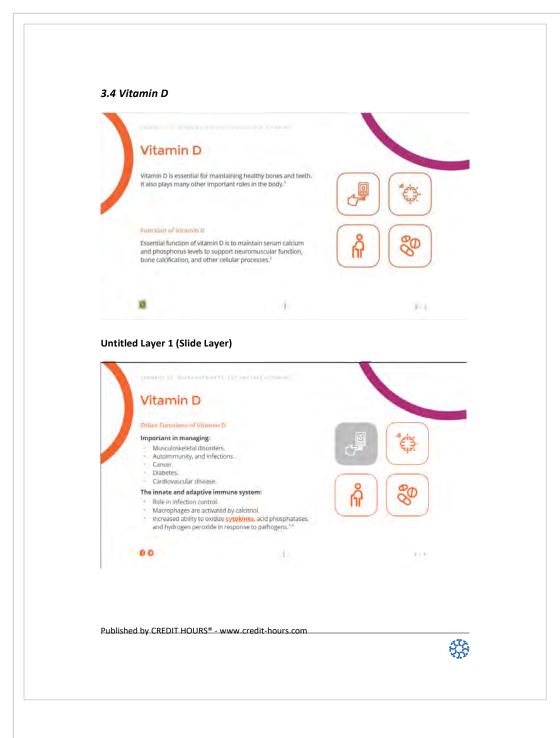


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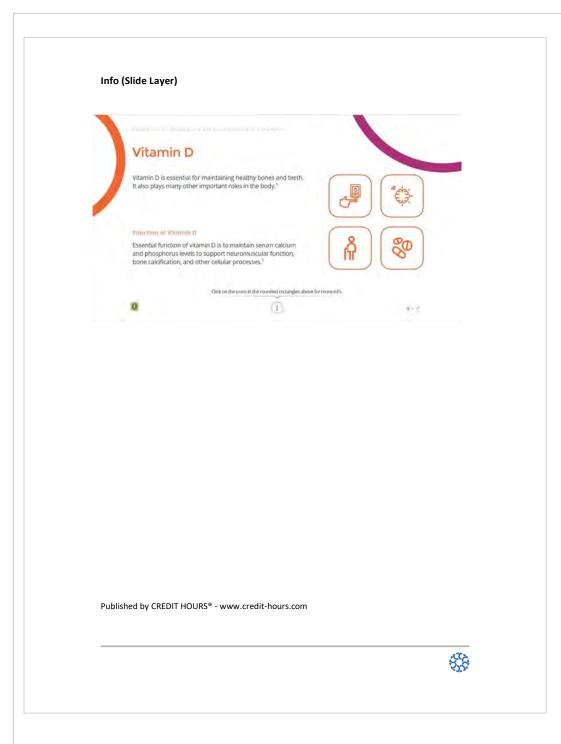
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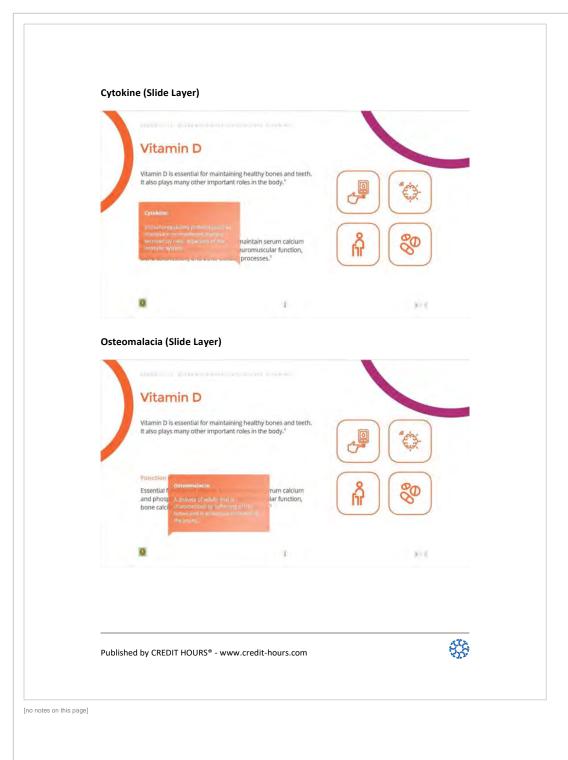
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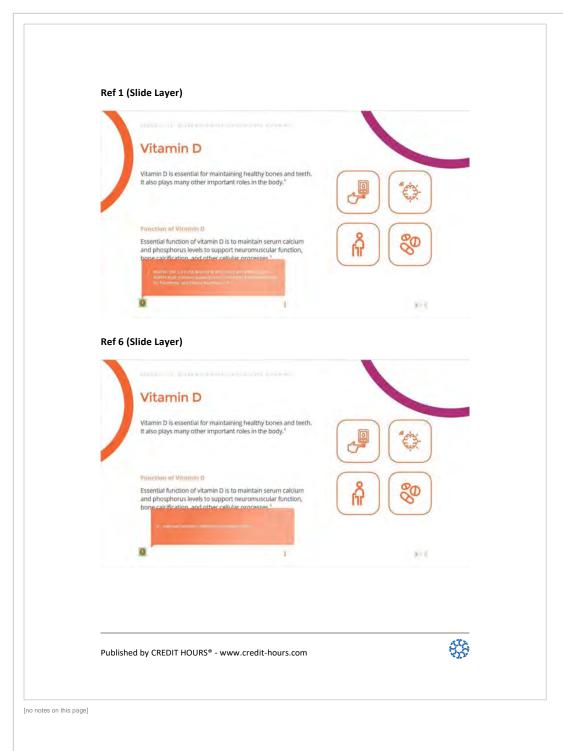
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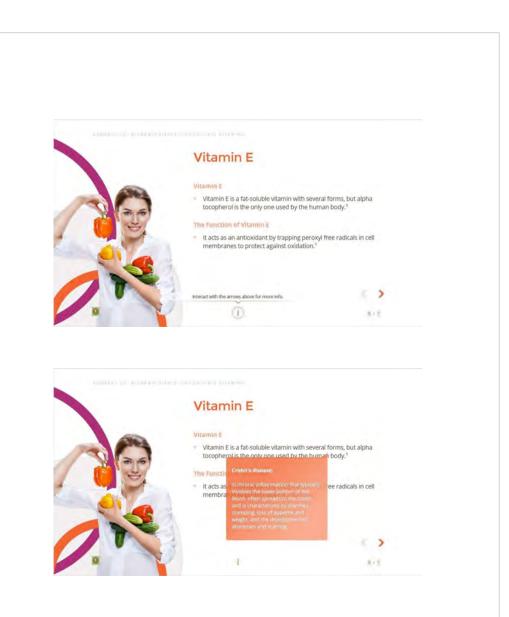


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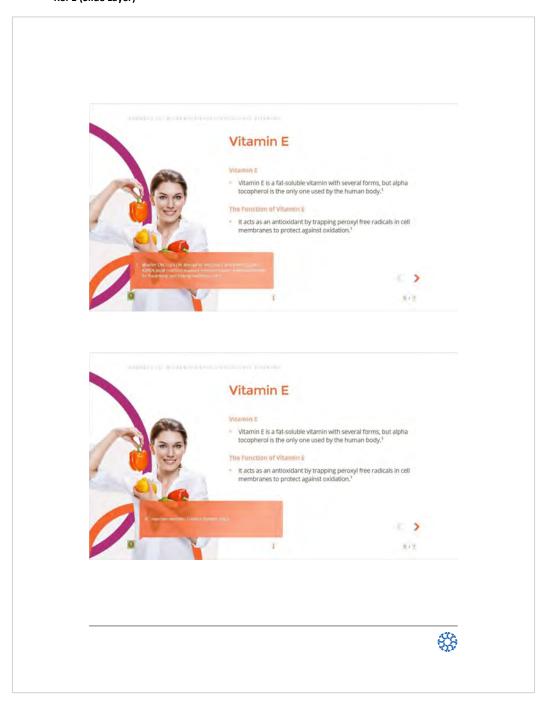


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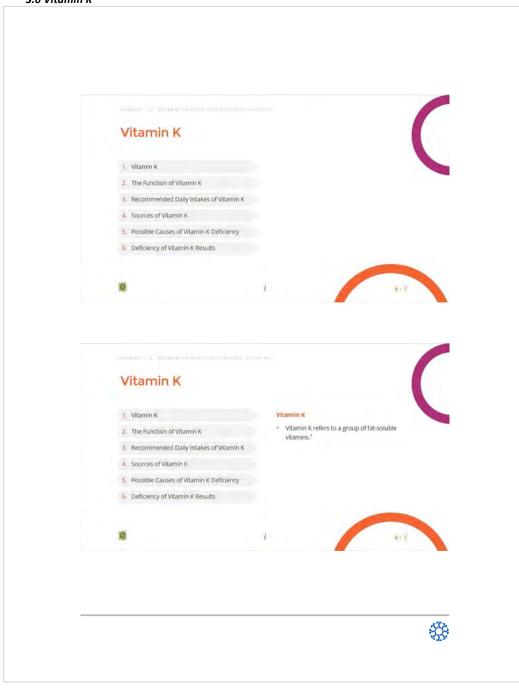




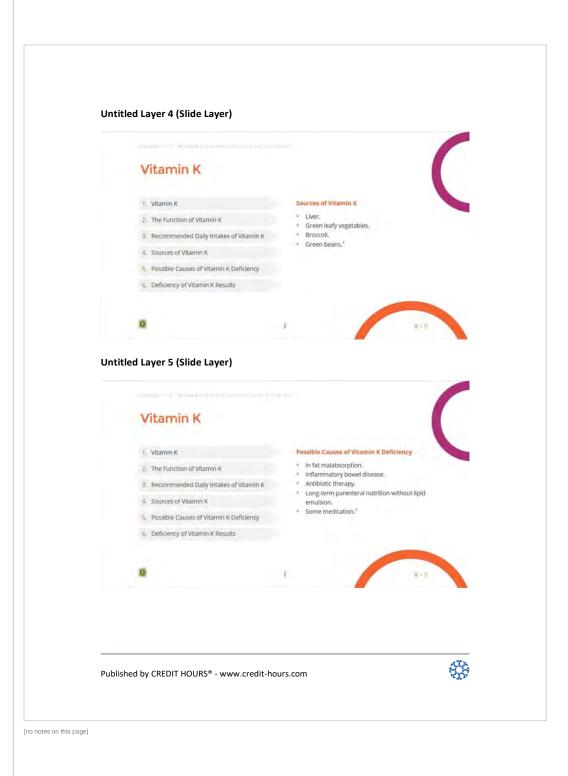
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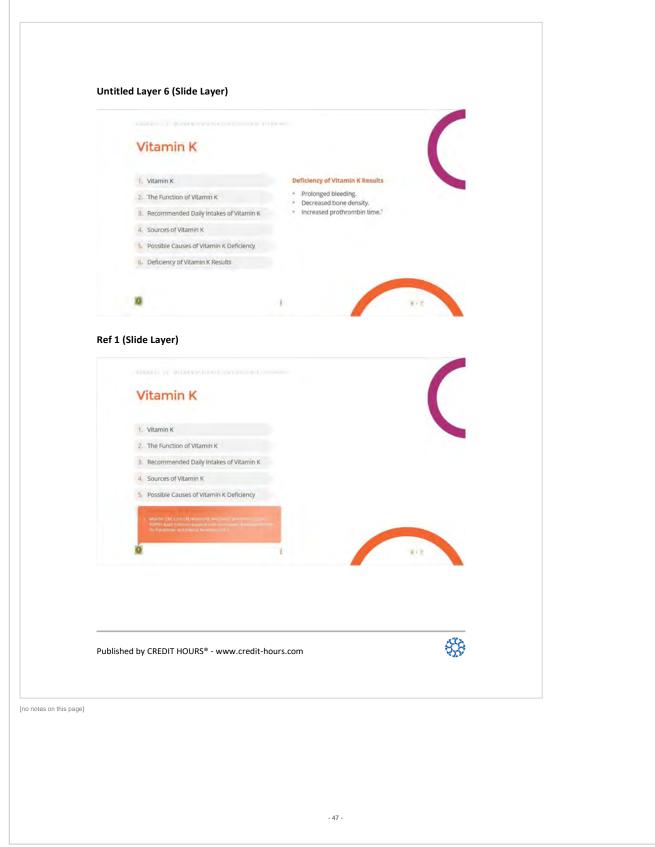


### 3.6 Vitamin K









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### 3.7 Summary



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# 4. MICRONUTRIENTS: WATER-SOLUBLE VITAMINS

### 4.1 Micronutrients: Water-soluble Vitamins



### 4.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)

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Correct	Choice
х	400 mcg/day.
	600 mcg/day.
	500 mcg/day.

### Feedback when correct:

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### Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

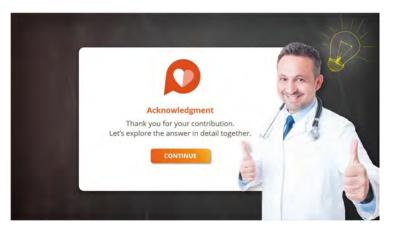
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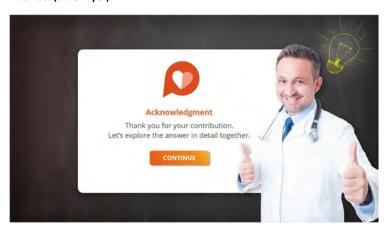
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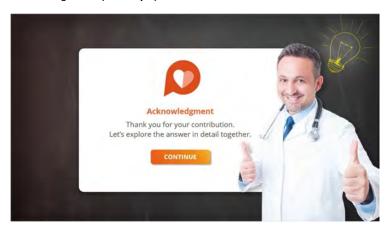
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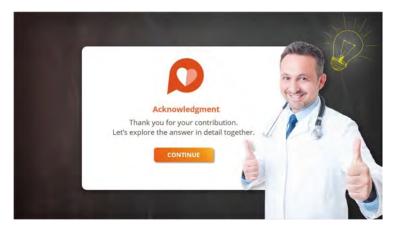
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# 4.3 Vitamin B Complex



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### 4.4 Thiamin



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# Untitled Layer 1 (Slide Layer) Thiamin Recommended Daily Intakes of Vitamin B1 - Adult men 1.2 mg rdsy. - Pregnant women. 1.1 mg/dsy. - Pregnant women. 1.5 mg/dsy. - Pregnant women. 1.5 mg/dsy. - Sources of Vitamin B1 - Bririded whole grain products. - Poke products. - Poke products. - Sunflower seeds. - Wheat germ. Viheat germ. - Gastric bypass surgery, also called beriber for obestry. - Ethanol abuse can cause Wernicke encephalopathy. - Orag and nutrient interactions furosement for same than shown to cause tharmine deficiency. - There are several other causes of thiamine deficiency: - Patients receiving long-term dalysis. - Patients receiving long-term dalysis. - Patients receiving its get-term dalysis. - Patients receiving its greatern thamine supplementation during multivitamin ingections. 1

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### Lactic acidosis (Slide Layer)



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### 4.5 Riboflavin



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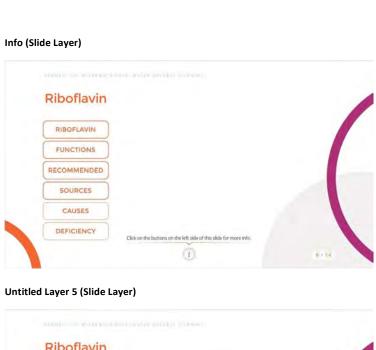


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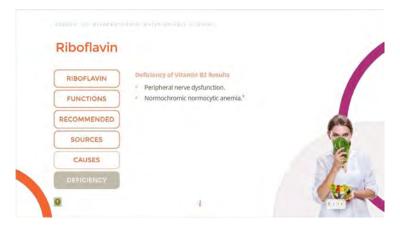
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### 4.6 Niacin



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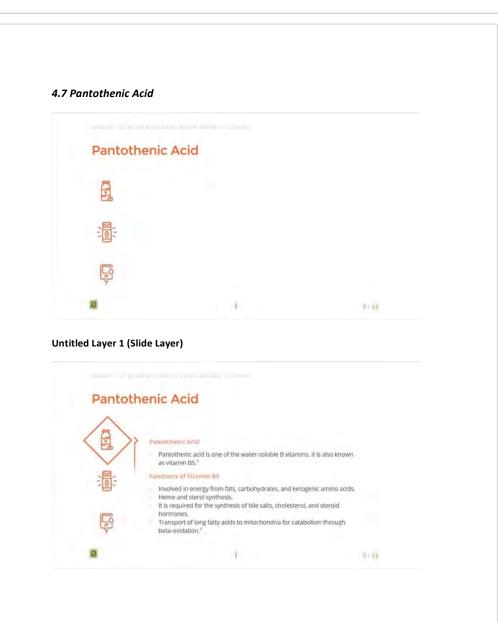


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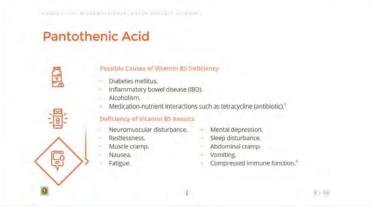


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# Pantothenic Acid Recommended Dally Intakes of Vitamin BS Adult men and women: 5 mg/day. Pregnant women: 6 mg/day. Lactating women: 7 mg/day. Sources of Vitamin BS Sunflower seeds. Mushrooms. Figgs. Broccoll. Wilk. Untitled Layer 3 (Slide Layer) Pantothenic Acid



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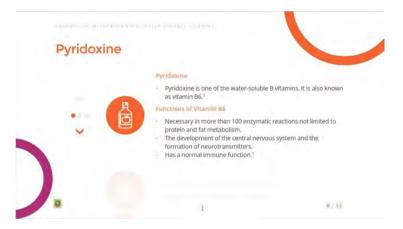


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### 4.8 Pyridoxine



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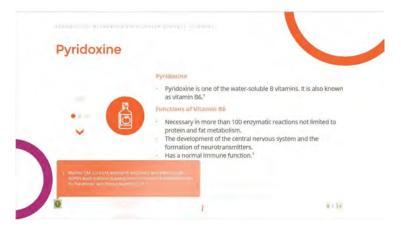




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## 4.9 Biotin



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## 4.10 Folic Acid



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## Folic Acid Passible Causes of Vitamin 89 Deficiency Premenopausal women. Premenopausal women. Nutrient-nutrient interactions. Medication-nutrient interactions.

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## Megaloblast anemia (Slide Layer)



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## 4.11 Cobalamin



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## Thrombocytopenia (Slide Layer)



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## Leukopenia (Slide Layer)



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## 4.12 Choline



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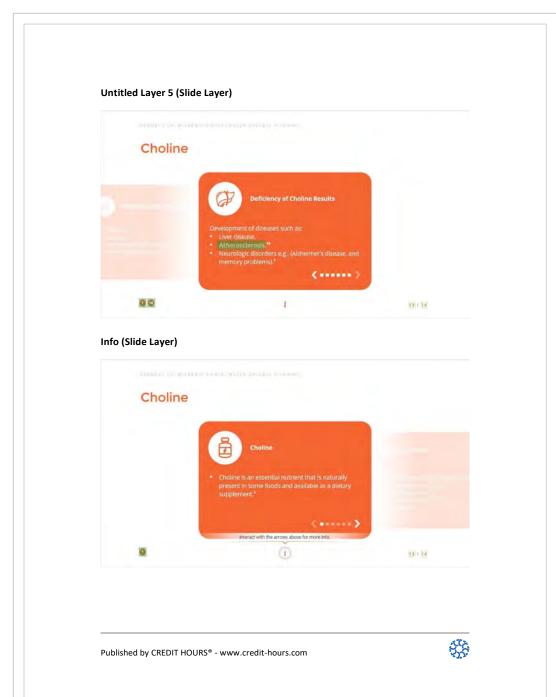


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## Atherosclerosis (Slide Layer)



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## 4.13 Vitamin C



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## Untitled Layer 1 (Slide Layer) Vitamin C Recommended Daily Intakes of Vitamin C Adult women 75 mg / day, Pregnant women: 120 mg / day, Latating women: 120 mg / day, Citrus fruit Other fruits and vegetables. Untitled Layer 2 (Slide Layer)



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## Did You Know (Slide Layer)



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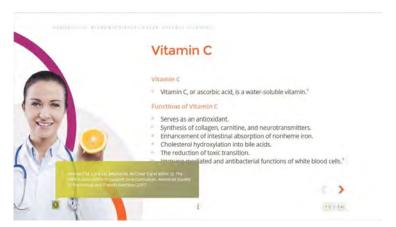
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## 4.14 Summary



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## 5. MICRONUTRIENTS: MAJOR MINERALS

## **5.1 Micronutrients: Major Minerals**



## 5.2 Why are Electrolytes Important?

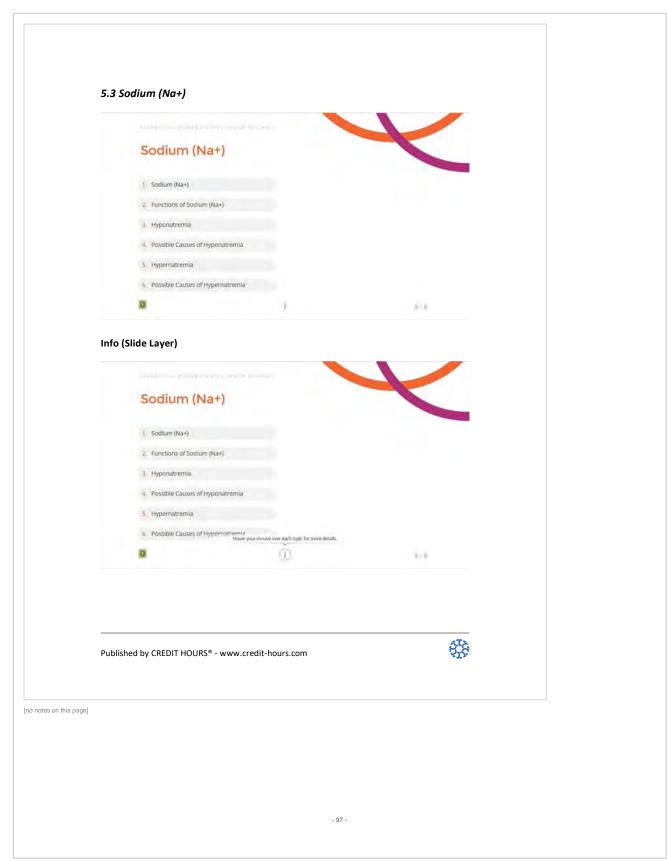


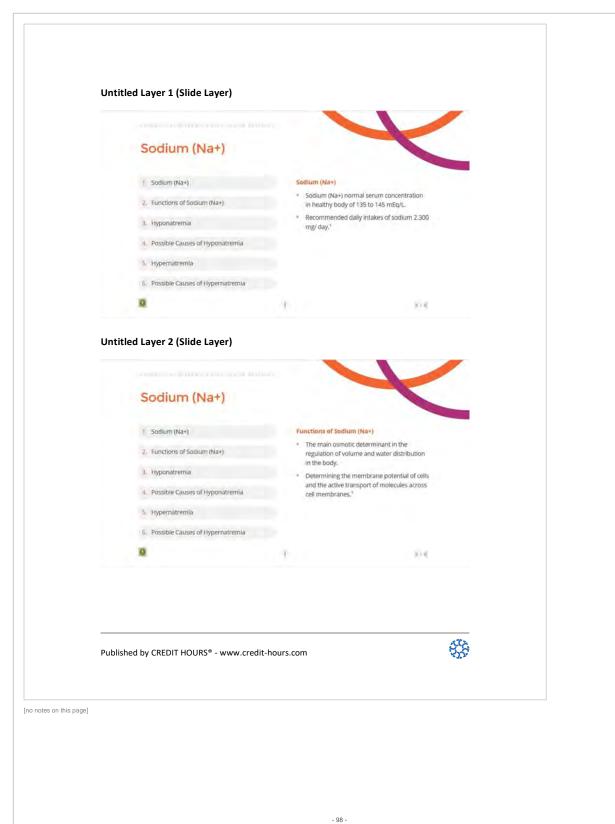
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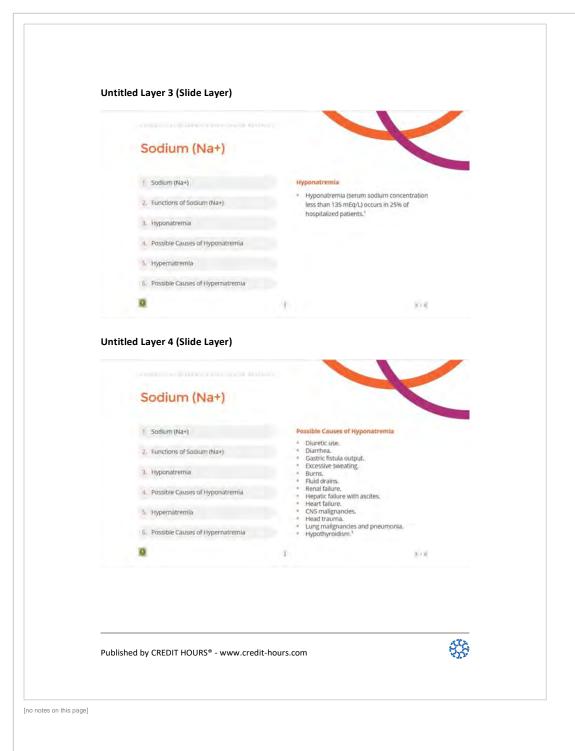


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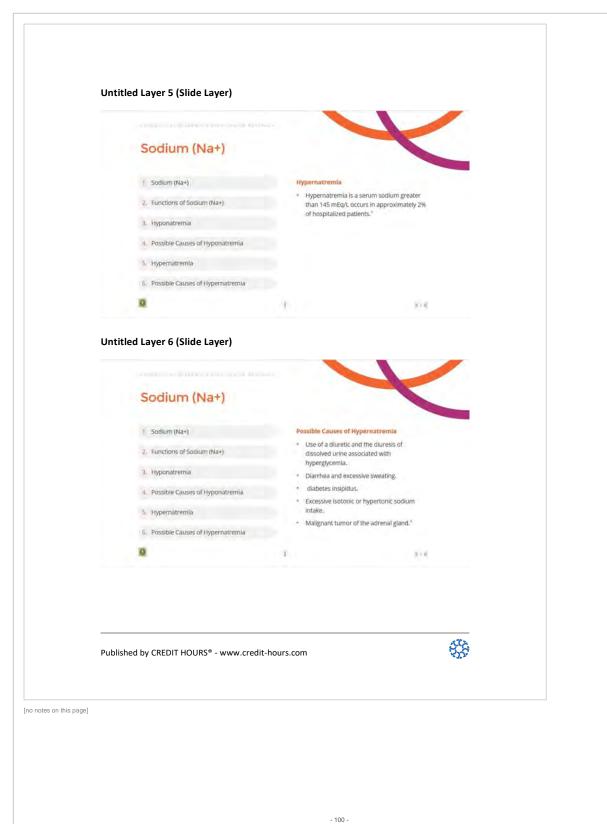
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## Sodium (Na+) 1. Sodium (Na+) 2. Functions of Sodium (Na+) 3. Hyponatremia 4. Possible Causes of Hyponatremia

## 5.4 Potassium (K+)



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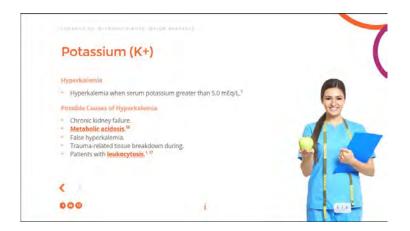
911

[no notes on this page]

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## Potassium (K+) Lypokalemia - Hypokalemia is a common electrolyte abnormality. When serum potassium concentration is less then 3.6 mEqr.L' Possible Causes of Hypokalemia - Abnormal loss of potassium through urine or feces. - Metabolic alkalosis and an increase in insulin and catecholamines are possible causes of transcellular to intracellular potassium shifts. - Medicines used to treat hypomagnesemia.\*

## Untitled Layer 2 (Slide Layer)



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## Info (Slide Layer)



## Ref 1 (Slide Layer)



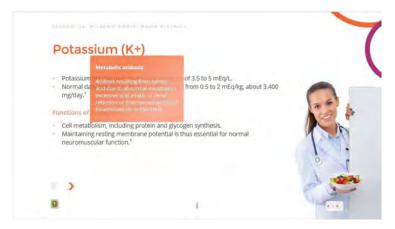
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## Metabolic acidosis (Slide Layer)



## Leukocytosis (Slide Layer)



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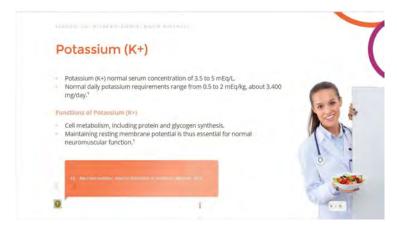
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## Metabolic alkalosis (Slide Layer)



## Ref 16 (Slide Layer)



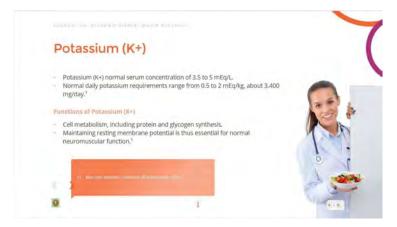
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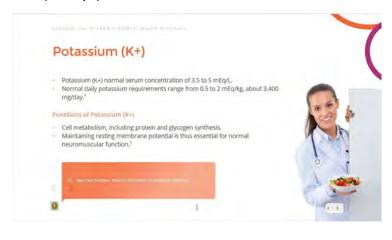
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## Ref 17 (Slide Layer)



## Ref 15 (Slide Layer)



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# Magnesium Wagnesium Wagnesium Magnesium to crucial for your brain and body. Normal serum concentration of 1.8 to 2.8 mg/st. Total body magnesium content to 25 g. RDA of magnesium: Adult men 400-420 mg/day. Women 31-0.20 mg/day. Women 31-0.20 mg/day. Normal 5-0.20 mg/day. Lackbland 310-8.30 mg/day. Lackbland 310-8.30 mg/day. Lackbland 310-8.30 mg/day.

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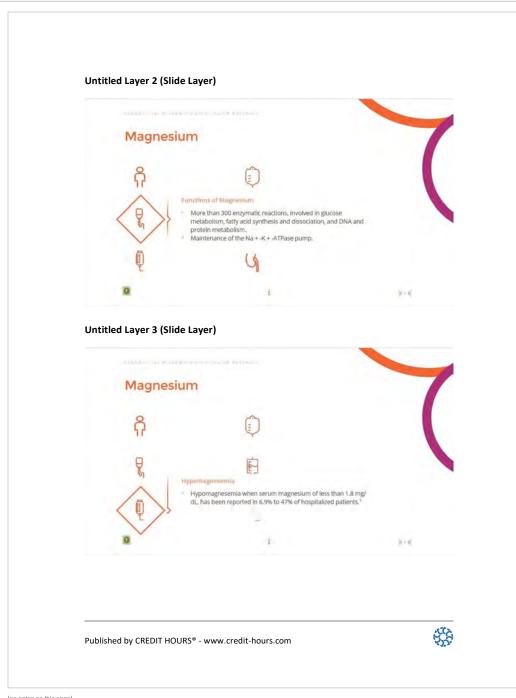


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## Untitled Layer 4 (Slide Layer) Possible Causes of Hypomagnesonia: Prolonged administration of magnesium-free intravenous fluids. Colostomy and malabsorption syndromes. Acute bubular necrosis, renal tubular acidosis. Some medicines. Untitled Layer 5 (Slide Layer) Magnesium

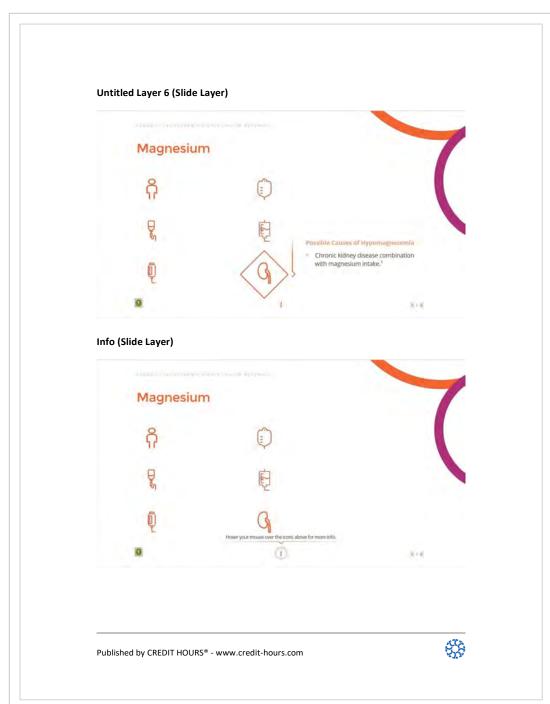


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### Ref 1 (Slide Layer)



### 5.6 Calcium

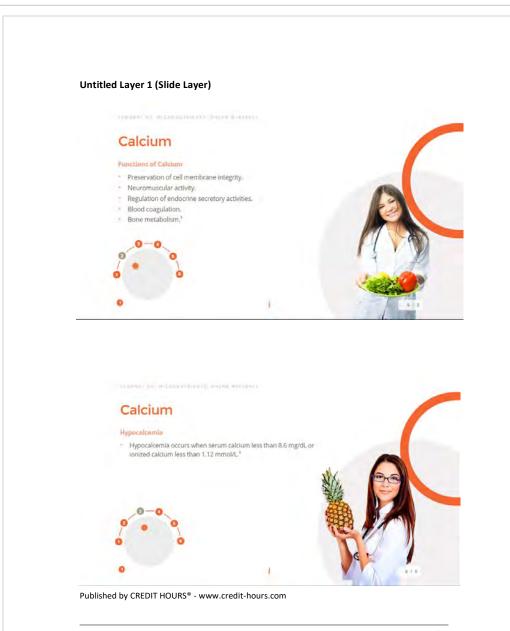


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### Untitled Layer 3 (Slide Layer)



### Untitled Layer 4 (Slide Layer)



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## Calcium Possible Causes of Hypercalcemia Hyperparathyroidism and cancer with bone metastases. It can also occur with toxic levels of vitamin A or vitamin D. Chronic ingestion of milk and/or calcium carbonate-containing antacids in the setting of renal insufficiency. Adrenal insufficiency. Tuberculosis. Some Medications.\*



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### Ref 1 (Slide Layer)



### 5.7 Phosphorus



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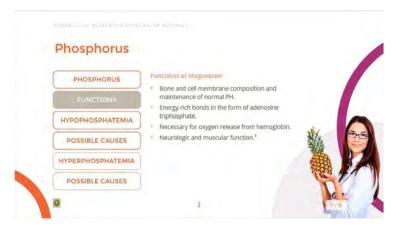
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### Untitled Layer 1 (Slide Layer)



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### Untitled Layer 3 (Slide Layer)



### Untitled Layer 4 (Slide Layer)



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### Untitled Layer 5 (Slide Layer)



### Untitled Layer 6 (Slide Layer)



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# Phosphorus PHOSPHORUS FUNCTIONS HYPOPHOSPHATEMIA POSSIBLE CAUSES HYPERPHOSPHATEMIA POSSIBLE CAUSES Cick on the buttons on the left side of the side for more left.



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### Ref 15 (Slide Layer)



### Metabolic acidosis (Slide Layer)



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### 5.8 Summary



### Info (Slide Layer)



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### **6. MICRONUTRIENTS: TRACE MINERALS**

### **6.1 Micronutrients: Trace Minerals**



### 6.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)

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Correct	Choice
х	8 mg/day.
	11 mg/day.
	12 mg/day.

### Feedback when correct:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

### Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

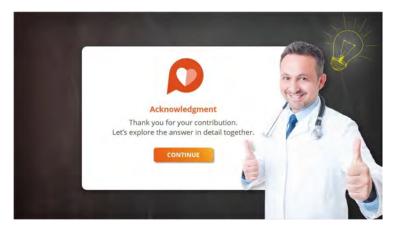
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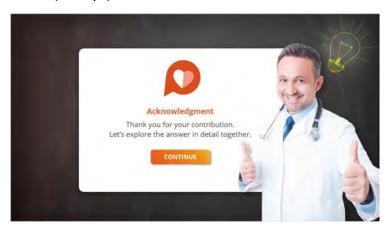
[no notes on this page]

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### Correct (Slide Layer)



### Incorrect (Slide Layer)



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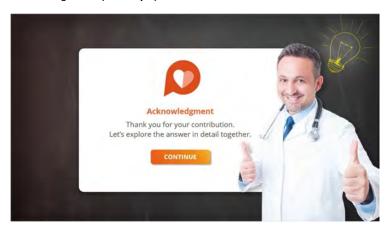
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### Info (Slide Layer)



### Acknowledgment 1 (Slide Layer)



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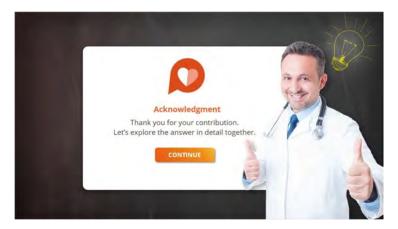


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### Acknowledgment (Slide Layer)



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### 6.3 Iron



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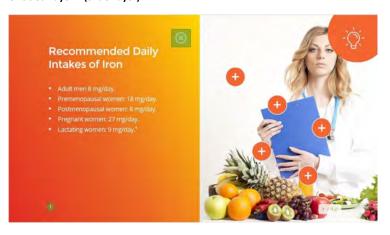
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### Untitled Layer 2 (Slide Layer)



### Untitled Layer 3 (Slide Layer)



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### Untitled Layer 4 (Slide Layer)



### Untitled Layer 5 (Slide Layer)



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### Did You Know (Slide Layer)



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### Ref 1 (Slide Layer)



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### 6.4 Zinc



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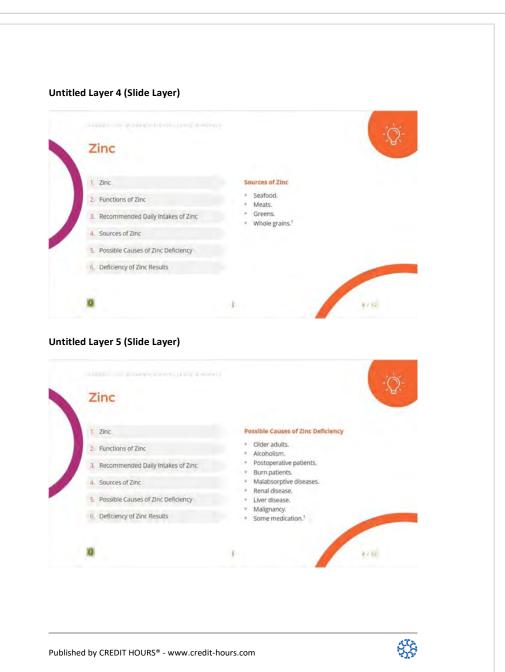
[no notes on this page]

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## Untitled Layer 6 (Slide Layer) Zinc Deficiency of Zinc Results Impaired immune function. Impaired night vision. Alteration taste and smell.<sup>1</sup> 2. Functions of Zinc 3. Recommended Daily Intakes of Zinc 4. Sources of Zinc 5. Possible Causes of Zinc Deficiency 6. Deficiency of Zinc Results Ref 1 (Slide Layer)



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### Info (Slide Layer)



### Did You Know (Slide Layer)



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### Ref 1 - Copy (Slide Layer)



### 6.5 Copper

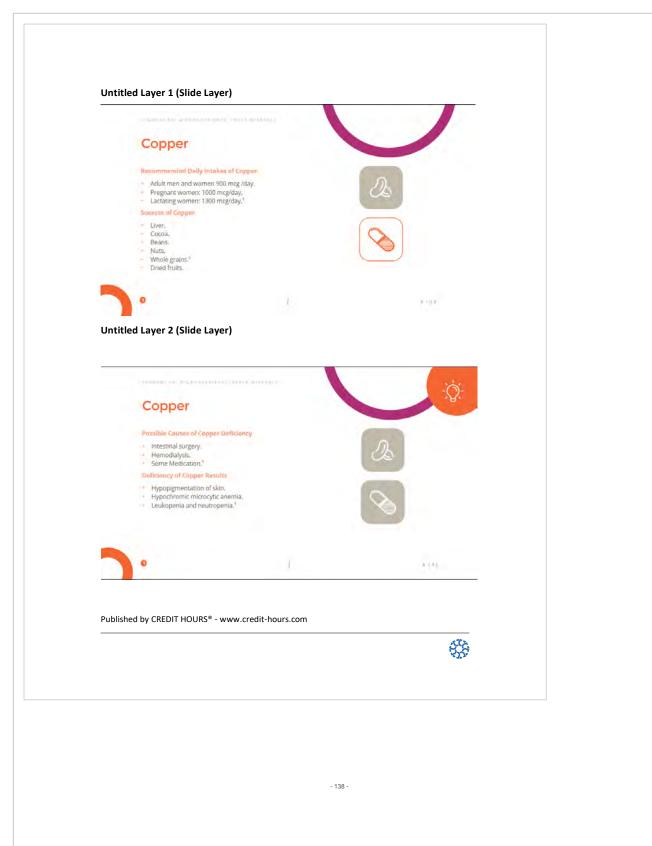


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### Did You Know (Slide Layer)



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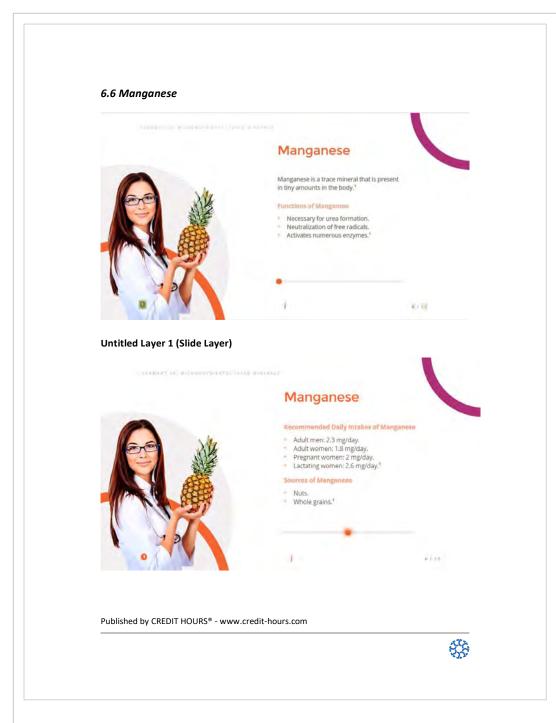


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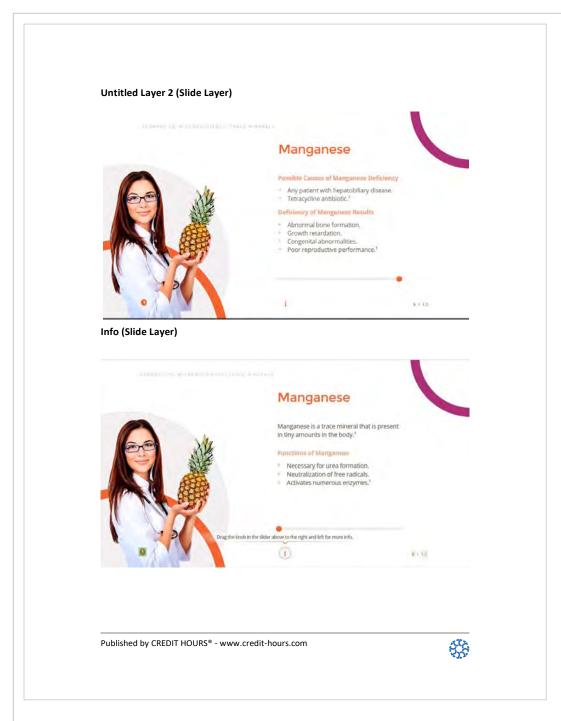


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### 6.7 Selenium



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# Ref 1 (Slide Layer)



### 6.8 Iodine



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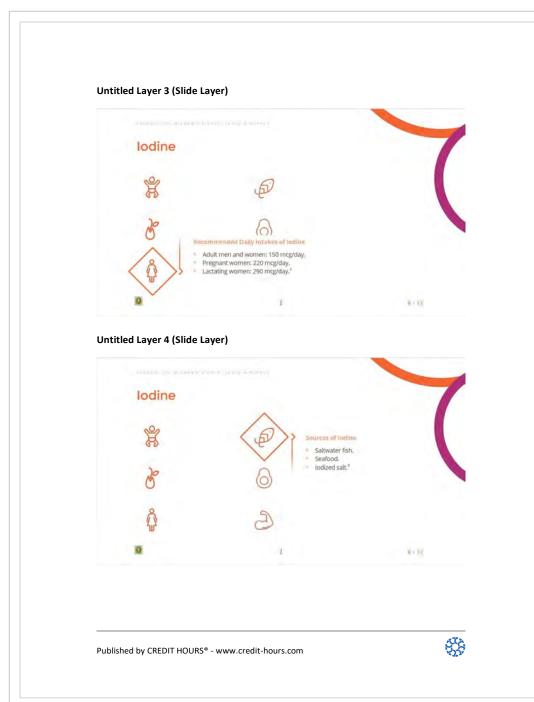


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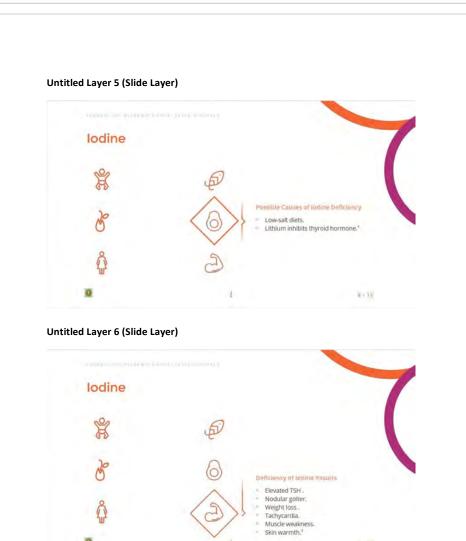
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## 6.9 Chromium



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## Untitled Layer 3 (Slide Layer)



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## Untitled Layer 4 (Slide Layer)



## Untitled Layer 5 (Slide Layer)



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# Info (Slide Layer)



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## Glycosuria (Slide Layer)



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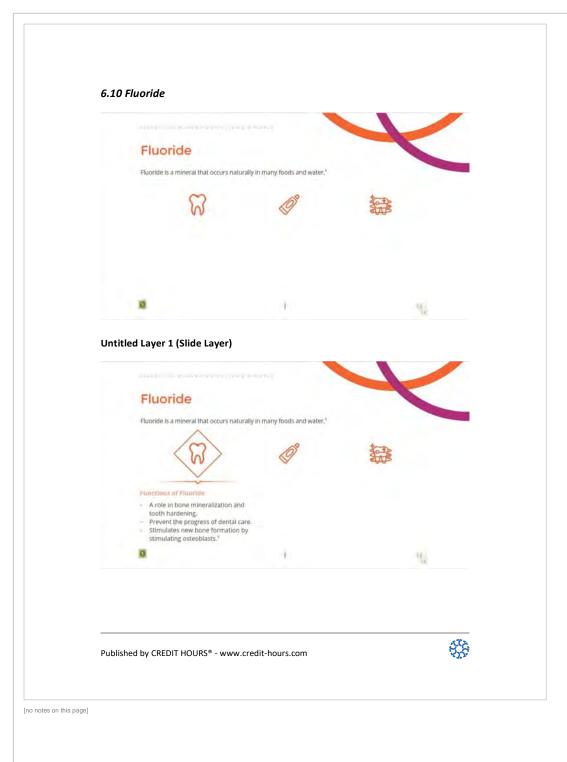


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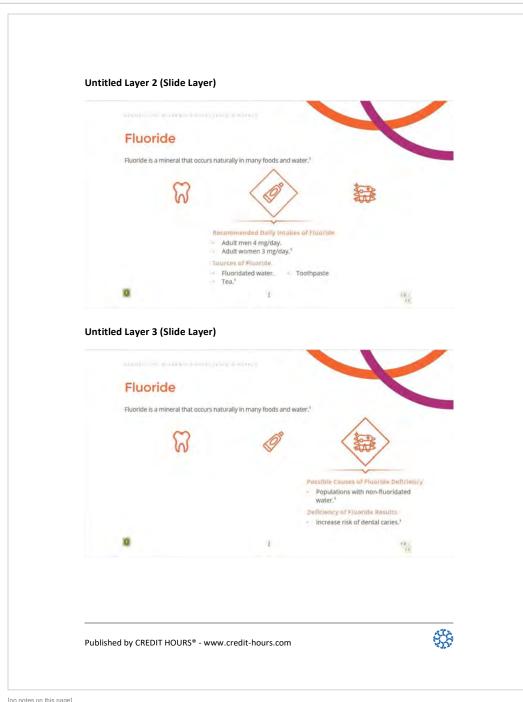


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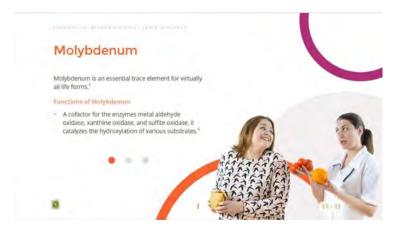


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## 6.11 Molybdenum



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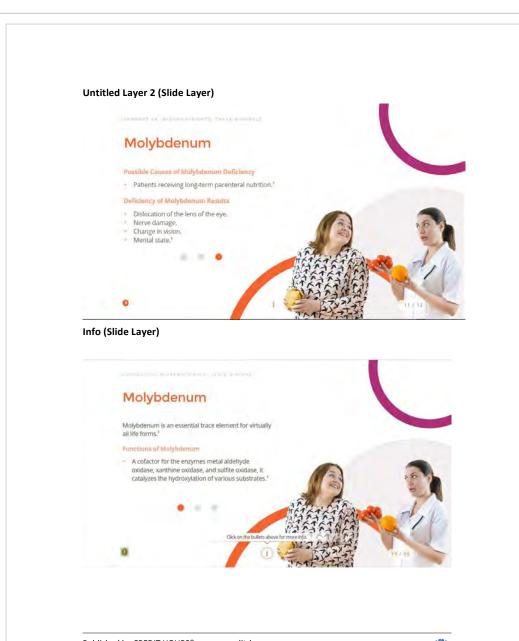


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## Ref 1 (Slide Layer)



### 6.12 Summary



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### 7. RESOURCES

### 7.1 Resources



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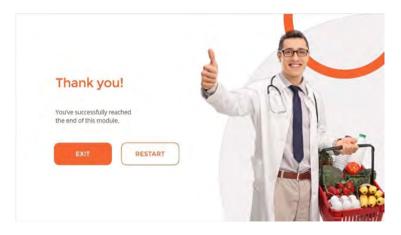
Directed to Healthcare professional
Item code: PM-SA-CNT-22-00019
Preparation date: 16 OCT 2022
For full product information please refer to product pack & leaflet prior use.
For reporting any Adverse Events or Side Effects for any of GSK consumer Healthcare

products, Please contact us on mystory.sa@haleon.com Adverse Events hotline no.: +966 535533647

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# 8. END OF THE MODULE

# 8.1 Thank You



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