AL DANAH MEDICAL COMPANY WLL

PHARMACOVIGILANCE REPORTING FORM

FORM NO.: _____

DATE: ____ / _____ / _____

A. REPORTER

NAME: ……..

INSTITUTON: ……

PROFESSION: ……....

ADDRESS: ……..

CONTACT NUMBER: ……..

EMAIL: ……

B. PATIENT

NAME: ……

GENDER: …… DOB: ……..H&W: …….. PREGNANCY: ……...

CONTACT NUMBER:……

C. **SUSPECTED DRUG DETAILS**: ……

NAME: ……
INDICATION:……
BATCH: ……
DOSE: ……
START DATE: ……
STOP DATE: ……
OTHER SUSPECTED MEDICINES TAKEN TOGETHER AT THE TIME OF ONSET:
……..
……...

D. **DESCRIPTION OF THE DRUG REACTION:** ……
……
INCIDENT DATE:……
RECOVERY DATE:……
ACTION TAKEN WITH THE DRUG: ……...
……