**Report No: Adverse Drug Reaction Reporting Form**

1. **Patient Information:**

**Name/Initials: ……………………………… Age/Age Group:………………. Sex: Male Female Pregnancy: Yes No NA Weight (Kg) :…………**

1. **­­Suspected Drug(s):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug Name**  **(Trade & Generic)** | **Conc.** | **Used For** | **Dose** | **Route of Administration** | **Date started** | **Date stopped** | **Batch no.** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **Concomitant Drug (s):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug Name**  **(Trade & Generic)** | **Conc.** | **Used For** | **Dose** | **Route of Administration** | **Date started** | **Date stopped** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Suspected Reaction (s):**

**Describe the reaction:………………………………………………………………………………………………………………………………………….**

**Date reaction (s) started:………. Date Reaction(s) stopped:………. Did the reaction stop after stopping the drug? Yes No Don't know**

**Did the reaction reappear after retaking the drug? Yes No Didn't retake Don't know**

**Was the reaction serious (based on criteria below): Yes No Don't know**

**If Serious, specify:**

**Hospitalization Prolonged Hospitalization Life Threatening Patient Died**

**Required intervention to prevent the damage Congenital anomaly Permenant Disability**

**Other, specify:………………………………………………………………………………………………………………………………………………….**

1. **Medical History:**

**…………………………………………………………………………………………………………………………………………………………………………………………………............**

1. **Reporter Details: 7. Company representative Details:**

**Speciality:………………………………. Name:……………………………………………**

**Name:…………………………………… Tittle:…………….................................................**

**Mobile/Tel.:…………………………….. Mobile/Tel:………………………………………**

**E-mail:…………………………………... E-mail:……………………………………………**

**Address:………………………………… Date reported to Sunny PV:…………………….**

**Signature:………………………………..**

**Date:……………………………………..**

**We encourage you to report any suspected case directly to us, please contact us on** [**sunnymedical@gmail.com**](mailto:sunnymedical@gmail.com)

**All the Information in this report is Confidential and protecting the patient and reporter identity**