

Adverse Drug Reaction Form

Patient Details	
Initials:	Gender*: <input type="checkbox"/> Female <input type="checkbox"/> Male
Age*:	Weight: Height:
Suspected Product Details	
Trade Name*: Generic Name*:	Batch No.*: Expiry date:
Drug Formulation: <input type="checkbox"/> Tablet <input type="checkbox"/> injection <input type="checkbox"/> Patches <input type="checkbox"/> syrup <input type="checkbox"/> drops <input type="checkbox"/> ointment/cream <input type="checkbox"/> other/specify: _____	Indication*: Strength*: Dose / Frequency:
Origin of Dispensing: <input type="checkbox"/> Community pharmacy without Prescription <input type="checkbox"/> Community pharmacy with Prescription <input type="checkbox"/> Hospital pharmacy <input type="checkbox"/> other/specify: _____	
Description of the adverse Drug Reaction (ADR)	
.....	
Event Onset Date: / /	Event End Date: / /
Action Taken: what happened after adverse reaction? <input type="checkbox"/> Drug discontinued <input type="checkbox"/> Dose reduced <input type="checkbox"/> Dose increased <input type="checkbox"/> Unknown	
Concomitant Drugs	
Were any concomitant drugs taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Drug Name*:	Indication:
Dose /Strength/ Frequency:	
Start Date: / /	End Date: / /
Was there a relevant Medical History?	
.....	
Reporter Details	
Reporter name*:	Mobile number*:
Profession (Specialty):	E-mail*:
Address:	Date of Report:
Please: send reporting form and attached any supportive documentation and/or report to:	
IBSA SCIENTIFIC OFFICE (KSA). Tahlyia street, Moton towers (South tower), 1st floor, office #: 103, Olaya District, Riyadh Tel: +966 11 4629682 ext. 105 Mobile: +966 554456187 e-mail: gppv@ibsagulf.com Or through Pharmacovigilance page on the website: www.ibsagulf.com	

* This field is required

Related to the Pharmacovigilance Department

Date of receipt ADR report: / /
Received By: ----- Country: -----
Source type: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Literature study <input type="checkbox"/> Initial report <input type="checkbox"/> Follow-up report