JPEE DRUGS

ADVERSE DRUG REACTION (ADR) REPORTING FORM

(As per CDSCO & Pharmacovigilance Programme of India – PvPI)

A. Patient Information

Patient Initials / ID: _____

Age: _____ Years / Months Gender: ■ Male ■ Female ■ Other

Weight (if known): _____ kg

B. Suspected Adverse Reaction

Description of Reaction (Signs & Symptoms):

_____

_____

Date of Onset: ____ / ____ / _____ Date of Recovery: ____ / ____ / _____

Outcome: ■ Recovered ■ Recovering ■ Not Recovered ■ Fatal ■ Unknown

Seriousness: ■ Death ■ Life-threatening ■ Hospitalization ■ Disability ■ Congenital anomaly

C. Suspected Medicine (Jpee Drugs)

Brand Name: _____ Generic Name: _____

Batch No.: _____ Strength & Dosage Form: _____

Dose & Frequency: _____ Route: _____

Therapy Start Date: ____ / ____ / _____ Stop Date: ____ / ____ / _____

D. Concomitant Medicines (if any)

_____

_____

E. Relevant Medical History

_____

_____

F. Reporter Information

Name: _____

Qualification: ■ Doctor ■ Pharmacist ■ Nurse ■ Patient ■ Other

Organization / Hospital / Pharmacy: _____

Contact No.: _____ Email ID: _____

Declaration

I confirm that the information provided above is true and accurate to the best of my knowledge.

Signature of Reporter: _____ Date: ____ / ____ / _____

The information provided in this form will be kept confidential and used solely for pharmacovigilance purposes. Reporting an Adverse Drug Reaction does not establish a causal relationship between the drug and the reaction.