

Adverse Drug Reaction Report

<p>Non-Serious <input type="checkbox"/> Serious <input type="checkbox"/></p> <p>If, serious, check Seriousness Criteria of Reaction(s)</p> <p><input type="checkbox"/> Death (autopsy: <input type="checkbox"/> yes <input type="checkbox"/> no)</p> <p><input type="checkbox"/> life threatening</p> <p><input type="checkbox"/> hospitalization or prolonged hospitalization</p> <p><input type="checkbox"/> permanent injury or disability</p> <p><input type="checkbox"/> important medical event</p>	<p>Outcome:</p> <p><input type="checkbox"/> unknown</p> <p><input type="checkbox"/> complete recovery</p> <p><input type="checkbox"/> recovered with sequelae</p> <p><input type="checkbox"/> not yet recovered</p> <p><input type="checkbox"/> recovering</p>	<p>Treatment discontinued due to Adverse Reaction</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no data</p> <p>Improvement after discontinuation</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no data</p> <p>Reappearance after re-challenge</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no data</p>
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In cases of serious Adverse Reactions, it may be helpful to **attach doctor and/or hospital discharge letter**.

E. Medical History and other characteristics (e.g. underlying and concomitant diseases, other drugs, allergies, smoking, alcohol, liver-/renal deterioration):

F. Relevant Investigations and Laboratory Data (with date and normal range):

G. Form completed/filled by:

Name:

Date & Signature: