



A Patient Information

Patient Initials: Age / Date of Birth: Weight: Sex: M F Other

Other relevant history including pre-existing medical conditions (e.g. allergies, smoking, alcohol use, hepatic/ renal dysfunction etc.)

B Suspected Adverse Drug Reaction

Date reaction(s) started (DD/MM/YYYY) : / / Date reaction(s) stopped (DD/MM/YYYY) : / /

Description of adverse events: (including sign and symptoms with specific diagnosis, treatment and action taken):

Seriousness of the reaction

- Death (dd/mm/yyyy) / / Disability Required intervention to prevent permanent impairment / damage
Life threatening Congenital anomaly Other (specify)
Hospitalization-initial or prolonged

Lab test details (with dates, results and normal range)

Outcome of the event

- Fatal Continuing Recovering Recovered Unknown Other (specify)

C Suspected Drug Details

Table with 10 columns: Sr. No., Name (brand and /or generic name), Manufacturer (if known), Batch No./ Lot No. (if known), Exp. Date (if known), Dose used, Route used, Frequency, Therapy dates (if known give duration) (Date started, Date stopped), Reason for use or prescribed for.

Table with 2 main sections: Reaction abated after drug stopped or dose reduced and Reaction reappeared after re-introduction. Each section has columns for Yes, No, Unknown, NA, and If reduced, specify dose.

Concomitant medical product including self-medication and herbal remedies with therapy dates (exclude those used to treat reaction)

D Reporter details

Name and Address:

Pin Code: E-mail:

Tel No. (with STD code):

Occupation: Date of Reporting:

Causality Assessment

- Certainly Unlikely
Probably Conditional
Possibly Unassessable

Send the report to the below address
Precise Chemipharma Pvt. Ltd., 108, Malwa, Patanwala Ind. Estate, L.B.S. Road, Ghatkopar (West), Mumbai-400086, India.
Toll-Free Number: 1800 266 4266 (available from Monday to Friday between 9.30 am to 6 pm)
Email: pvglobal@precisegroup.co.in

To be filled by Precise

Date received by receiver (DD/MM/YYYY) : / /

Name and sign of receiver:

Report Type: Initial Follow up, number: