SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by healthcare professionals

INDIAN PHARMACOPOEIA COMMISSION
(National Coordination Centre-Pharmacovigilance Programme of India)
Ministry of Health & Family Welfare
Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
www.ipc.nic.in

(AMC/ NCC Use only)

AMC Report No.

Worldwide Unique

A. PATIENT INFORMATION

1. Patient Initials _____

2. Age at time of Event or date of birth _____

3. Sex ☐ M ☐ F

4. Weight ____Kgs

12. Relevant tests / laboratory data with dates

B. SUSPECTED ADVERSE REACTION

5. Date of reaction started (dd/mm/yyyy)

6. Date of recovery (dd/mm/yyyy)

7. Describe reaction or problem

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

14. Seriousness of the reaction

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

15. Outcomes

- ☐ Fatal
- ☐ Continuing
- ☐ Recovering
- ☐ Recovered
- ☐ Unknown
- ☐ Other (specify)

C. SUSPECTED MEDICATION(S)

S.No	**8.** 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)		Reason for use of prescribed for
								Date started	Date stopped	
i.										
ii.										
iii.										
iv.										

S.No As per C	**9.** Reaction abated after drug stopped or dose reduced					**10.** Reaction reappeared after reintroduction				
	Yes	No	Unknown	NA	Reduced dose	Yes	No	Unknown	NA	If reintroduced dose
i.										
ii.										
iii.										
iv.										

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

D. REPORTER (see confidentiality section on first page)

16. Name and Professional Address :_____

_____

Pin code: _____E-mail _____

Tel. No. (with STD code): _____

Occupation _____Signature _____

17. Causality Assessment

18. Date of this report (dd/mm/yyyy)

ADVICE ABOUT REPORTING

- **Report adverse experiences with medications**
- **Report serious adverse reactions. A reaction is serious when the patient outcome is:**
  - death
  - life-threatening (real risk of dying)
  - hospitalization (initial or prolonged)
  - disability (significant, persistent or permanent
  - congenital anomaly
  - required intervention to prevent permanent impairment or damage
- **Report even if:**
  - You're not certain the product caused adverse reaction
  - You don't have all the details, however, point nos. **1, 5, 7, 8, 11, 15, 16 & 18** (see reverse) are essentially required.
- **Who can report:**
  - Any health care professional (Doctors including Dentists, Nurses and Pharmacists)
- **Where to report:**
  - Please return the completed form to the nearest **Adverse drug reaction Monitoring Centre (AMC)** or to **National Coordinating Centre**
  - A list of nationwide AMCs is available at: http://ipc.nic.in and also at http://cdsco.nic.in/pharmacovigilance.htm
- **What happens to the submitted information:**
  - Information provided in this form is handled in strict confidence. The causality assessment is carried out at Adverse Drug Reaction Monitoring Centres (AMCs) by using WHO-UMC scale. The analyzed forms are forwarded to the National Coordinating Centre through the ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Center in Sweden.
  - The reports are periodically reviewed by the National Coordinating Centre (PvPI). The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
  - The information is submitted to the Steering Committee of PvPI constituted by the Ministry of Health and Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

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सत्यमेव जयते

IPC

National Coordinating Centre
Pharmacovigilance Programme of India
India Pharmacopoeia Commission
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Sector-23, Raj Nagar, Ghaziabad-201002
Tel.:0120-2783400, 2783401, 2783392,
FAX: 0120-2783311
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Pharmacovigilance Programme of India for Assuring Drug Safety

Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not ex-pected to and will not disclose the reporter's identity in response to a request from the public. **Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.**