

1. PATIENT DETAILS

Patient's Initials: _____ Gender: Male Female Age: _____

2. SUSPECTED EVENT(S)

Adverse Event(s)	Start date	Stop date /ongoing	Intensity	*Outcome
			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

*Keys: 1= Recovered 2= Recovering 3= Not recovered 4= Unknown 5= Serious (SAE), if SAE, refer below to define the type

If you consider the reaction(s) as SAE, please tick all that apply of the following:

Death Life threatening Hospitalization or prolonged hospitalization Persistent or significant disability/ incapacity Congenital anomaly/Birth defect Other medically important condition: please give details _____

Event Details:

Relevant tests/Laboratory data with dates/ any treatment received:

Other Concomitant drug(s):

3. SUSPECTED MEDICAL DEVICE

Therapeutic Diagnostic Both Preventive others Specify

Device (Brand Name)	Indication for Use	Route of Administration	Date of Usage	Date of removal	Batch

4. REPORTER DETAILS

Type of Reporter (a) Manufacture (b) Importer (c) Distributor (d) HCP

(e) Patient (f) others specify

Name: _____ Signature: _____

Source: HCP Study other

Date: _____ Address (Professional): _____

Type Initial Follow up

Please send the completed form by e-mail to The Searle Company Ltd Pakistan. E-mail: pv@searlecompany.com , You may send the completed form to: PV Department, The Searle Company Ltd Pakistan, 2nd Floor, One IBL Centre, Plot# 1, Block 7 & 8, DMCS, Tipu Sultan Road, Off. Shahrah-e-Faisal, Karachi, Pakistan. Phone: +92 21 3567-4321 or Fax: +92 21 3568-7693