

ADVERSE DRUG REACTION REPORTING FORM

DOC-ADR/F001
MED HOUSE
 Pharmaceutical Ltd.
 in Strict Confidence

1. PATIENT'S DETAILS:

Full Name or Initials _____ Patient's Record No: _____
 AGE/DATE OF BIRTH: _____ SEX: M F Weight(kg) _____
 HOSPITAL/Treatment Centre _____ Telephone No.: _____

2. ADVERSE DRUG REACTION AND ANY TREATMENT GIVEN *(Attach a separate sheet when necessary)*

DESCRIPTION		OUTCOME OF REACTION TICK AS APPROPRIATE	
		<input type="checkbox"/> Recovered fully	<input type="checkbox"/> Recovered with disability (specify) _____
		<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Life Threatening (specify) _____
DATE Reaction Started	Date Reaction Stopped	<input type="checkbox"/> Death	<input type="checkbox"/> Others (specify) _____

Was Patient Admitted Due to ADR Yes No
 If Already Hospitalized, was it Prolonged Due to ADR Yes No
 Duration of Admission (days) _____
 Treatment of Reaction: _____

3. SUSPECTED DRUG(S) *(Attach sample or product label if available)*

Brand Name	Generic Name	Batch No.	Expiry Date	Manufacturer
Reason(s) for use (Indication)		Daily dose:	Route of Administration:	
Date started: (dd/mm/yyyy)		Date stopped: (dd/mm/yyyy)		
Did the adverse reaction subside when the drug was stopped (de-challenged)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the drug prescribed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Source of Drug:		
Was drug re-used after detection of adverse reaction (re-challenge)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did adverse reaction re-appear upon re-use?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. CONCOMITANT DRUGS INCLUDING HERBAL MEDICINES TAKEN PRIOR TO THE ADVERSE REACTION

(Attach a separate sheet when necessary)

Name of Drug	Daily dose	Date started	Date stopped	Reason(s) for use

Attach all relevant laboratory tests/data

5. SOURCE OF REPORT:

Name of Reporter: _____ Profession: _____
 Address: _____
 Signature: _____ Tel: _____ Email: _____

For all questions relating to Suspected Adverse Reactions, please call at Med House Pharmaceutical

Contact no. +233-504615240

E-mail: countryhead@medhousepharma.com

This form can also be downloaded from Med HousePharmaceutical website: <http://www.medhousepharma.com>

Please, note that this report does not constitute an admission that the reporting medical professional or the suspected product caused or contributed to the event.

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Confidentiality: Identities of reporter and patient will remain strictly confidential. Your support of safety Monitoring programme is much appreciated. Information supplied by you will contribute to the improvement of drug safety and therapy in Ghana

PLEASE USE ADDRESS BELOW INCASE YOU WANT TO REACH US BY MAIL

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Can be send by post to:

Med House Pharmaceutical Limited
Fokal House, No. 3, Official street, Adabraka
Accra, Ghana,