Form: Collection of ADR information.

PATIENT INFORMATION:

Patient initials: COUNTRY:	**Date:**

REPORT TYPE:	☐ Initial	☐ Follow-up					
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT	ONSET DATE	RECOVERY DATE
DD/MM/YYYY			☐ Male			DD/MM/YYYY	DD/MM/YYYY
			☐ Female				

ADVERSE EVENT INFORMATION :

ADVERSE EVENT(S) IN MEDICAL TERMS (diagnosis, if possible)

Description of event:

Seriousness criteria

Check all appropriate to event

- ☐ Patient died
- ☐ Involved or prolonged inpatient hospitalization
- ☐ Involved persistent or significant disability or incapacity
- ☐ Life-threatening
- ☐ Congenital anomaly/birth defect
- ☐ Other significant medical events

HISTORY :

PATIENT'S RELEVANT MEDICAL HISTORY (e.g. co-existing medical conditions such as disease, allergies, similar experiences)

TEST / LABORATORY FINDINGS (enter only those findings necessary for AE diagnosis or course description)

SUSPECT DRUG INFORMATION :

Product Name		Manufacturer	Batch/ lot number	Expiry date	Dose	Route of use	Frequency	Therapy dates (from)	(To)	Indication
Brand name	Generic Name							DD/MM/YYYY	DD/MM/YYYY	

CONCOMITANT DRUGS

DRUG NAME(S)		DOSE	THERAPY DATES		REASON FOR USE
Brand name	Generic Name		(from) DD/MM/YYYY	(To) DD/MM/YYYY	

ACTION TAKEN WITH SUSPECT DRUG (mark all as appropriate)

☐ No Action Taken ☐ Withdrawn ☐ Treatment taken

Did Reaction Disappear After Stopping of Drug?
☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

Did Reaction Reappeared After Restarting of Drug?
☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

OUTCOME OF THE PATIENT/AE

☐ Completely Recovered	Date of recovery:	DD/MM/YYYY	☐ Condition still present and unchanged
☐ Recovered with sequelae			☐ Condition deteriorated
☐ Condition improving			☐ Death Autopsy: ☐ No ☐ Yes

ASSESSMENT OF CAUSALITY
☐ Probable ☐ Possible ☐ Not Related ☐ Unknown

REPORTER'S INFORMATION :

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL OF REPORTER	DATE OF THIS REPORT DD/MM/YYYY
	☐ HCP ☐ CONSUMER ☐ OTHER Signature:
	Senders Contact details: Euploid pharmaceuticals Pvt. Ltd. K.No.29/2, No.15, 2nd Floor, Vinayaka Layout , K.R. Puram , Bangalore – 560 036. Email ID: safety.euploid@gmail.com