



Adverse Drug Reactions Reporting Form

** If you suspect that an adverse reaction may be related to a certain drug, or a combination of drugs, you should complete this form and send it to the address shown at the end of the card.*

** Please report all serious and minor adverse reactions.*

A – Patient Details

Name/ initials: ----- Sex: Male Female Weight:-----kg Age/age group:-----
(Optional)

B – Suspected Drug(s)

Drug Name <i>(Generic & trade)</i>	Concentration	Used for	Dose	Route	Date started	Date stopped	Batch number
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

C – Suspected Reaction(s)

- Please describe the reaction(s): -----
- Date reaction(s) started: ----- Date reactions(s) stopped: -----
- Did the Reaction Stop after stopping the drug? Yes No Don't Know
- Did the Reaction Reappear after retaking the drug? Yes No Don't Know Did not retake the drug
- Was the reaction serious (based on the reasons below)? Yes No Don't Know

If yes (serious), specify one or more :

- Patient Died
- Prolonged Hospitalization
- Required intervention to prevent Damage
- Life threatening
- Congenital Anomaly
- Other, specify -----
- Hospitalization
- Permanent Disability

D – List of other drugs taken (Please list any other drugs taken during the last month prior to the reaction-
other than the suspected drug/s)

Drug Name <i>(Generic & trade)</i>	Concentration	Used for	Dose	Route	Date started	Date stopped	Batch number
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

E – Reporter Details

The One who fill in this form: Patient Physician Pharmacist Nurse Other, specify _____

Name: ----- Specialty *(if physician)*: -----

Address: -----

e-mail: ----- Telephone/ mobile :-----

Signature: ----- Date of reporting: -----

F- Any More Comments:-----

- *The information in this report is confidential and totally protected including both the Patient and Reporter identity.*
- *You can send voluntarily the Adverse Drug Reactions (ADRs) Reports to AUG Pharma as per the contact details below.*

Factory: Land 48 extension 6 industrial zone- 6th of october city- Giza- Egypt.

Tel: (+202) 38288199 **Fax:** (+202) 38288198

Head Office: 106 El Nile St., El Agoza, Cairo- Egypt.

Tel.: (+202)37622711 **Fax:** (+202) 27622712

Website: www.augpharma.com

e-mail: safetyreports@augpharma.com