Version-1.3

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reaction 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

A. PATIENT INFORMATION

1. Patient Initials _____	2. Age at the time of Event or Date of Birth _____	3. M □ F □ Other □
		4. Weight_____Kgs

Reg. No. /IPD No. /OPD No. /CR No. :

AMC Report No. :

Worldwide Unique No. :

B. SUSPECTED ADVERSE REACTION

5. Event/Reaction start date (dd/mm/yyyy)

6. Event/Reaction stop date (dd/mm/yyyy)

6 (A). Onset Lag Time

7. Describe Event/Reaction with treatment details, if any

12. Relevant tests/ laboratory data with dates

13. Relevant medical/medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction, past surgery etc.)

14. Seriousness of the reaction: No ☐ if Yes ☐(please tick anyone)

☐ Death (dd/mm/yyyy) ☐ Congenital-anomaly
☐ Life threatening ☐ Disability
☐Hospitalization/Prolonged ☐ Other Medically important

15. Outcomes

☐ Recovered ☐ Recovering ☐ Not recovered
☐ Fatal ☐ Recovered with sequelae ☐ Unknown

C. SUSPECTED MEDICATION(S)

S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment
								Date started	Date stopped		
i											
ii											
iii											
iv*											

S.No as per C	9. Action Taken (please tick)						10. Reaction reappeared after reintroduction (please tick)			
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)
i										
ii										
iii										
iv										

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

S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication
					Date started	Date stopped	
i							
ii							
iii*							

Additional Information:

D. REPORTER DETAILS

16. Name and Professional Address:_____
_____
Pin:_____E-mail_____
Tel. No. (with STD code)_____
Occupation:_____ Signature:_____

17. Date of this report (dd/mm/yyyy):

Sig. and Name of Receiver-

Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction. Submission of an ADR report does not have any legal implication on the reporter.

*use separate page for more information

National Coordination Centre for Pharmacovigilance Programme of India
Ministry of Health & Family Welfare, Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
Tel.: 0120-2783400, 2783401, 2783392, Fax: 0120-2783311
www.ipc.nic.in

ADVICE ABOUT REPORTING

A. What to report?

- Report serious adverse drug reactions. A reaction is serious when the patient outcome is:
  - Death
  - Life-threatening
  - Hospitalization (initial or prolonged)
  - Disability (significant, persistent or permanent)
  - Congenital anomaly
  - Required intervention to prevent permanent impairment or damage
- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products etc**.**
  Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on http://www.ipc.gov.in)

B. Who can report?

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses etc) can report adverse drug reactions

C. Where to report?

- Duly filled inSuspected Adverse Drug Reaction Reporting Form can be sent to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC) for PvPI.
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs or directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
- A list of nationwide AMCs is available at:
  http://www.ipc.gov.in, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information?

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
- The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
- The Signal Review Panel of PvPI to review the data and suggest any interventions that may be required.

E. Mandatory fields for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting

- **E-mail:pvpi@ipcindia.net or pvpi.ipcindia@gmail.com**
- ***PvPI Helpline (Toll Free):1800 180 3024****(9:00 AM to 5:30 PM, Monday-Friday)*
- ***ADR Mobile App: "ADR PvPI"***