

SUSPECTED ADVERSE DRUG REACTION (ADR) REPORTING FORM

CONFIDENTIAL



If you are suspicious that an adverse reaction may be related to a drug or a combination of drugs, PLEASE COMPLETE THIS FORM and send it to the nearest Pharmacovigilance Centre.

PATIENT DETAILS

Patient name or registration no: _____ Age/Sex: _____

Weight (if known): _____ Ward/Dept/Unit: _____

SUSPECTED DRUG (S)

DRUG NAME (both brand & generic)	BATCH NO & EXP DATE	STRENGTH	ROUTE	DOSE	DATE STARTED	DATE STOPPED

SUSPECTED REACTION (S)

PLEASE DESCRIBE THE REACTION & ANY TREATMENT GIVEN

DATE REACTION STARTED: _____

DATE REACTION STOPPED: _____

OUTCOME:

- RECOVERED
- RECOVERING
- CONTINUING
- OTHERS (SPECIFY)

DO YOU CONSIDER THE REACTION TO BE SERIOUS? YES NO

IF YES, PLEASE INDICATE WHY THE REACTION IS CONSIDERED TO BE SERIOUS (TICK ALL THAT IS APPROPRIATE)

- PATIENT DIED DUE TO REACTION
- PROLONGED HOSPITALIZATION
- LIFE THREATENING
- INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY
- MEDICALLY SIGNIFICANT, GIVE DETAILS: _____

OTHER MEDICATIONS (INCLUDING SELF-MEDICATION, HERBAL AND TRADITIONAL MEDICINES)

DID THE PATIENT TAKE ANY OTHER MEDICINES IN THE LAST 3 MONTHS PRIOR TO THIS REACTION? YES NO

IF YES, GIVE DETAILS:

DRUG NAME (both brand & generic)	DOSAGE	ROUTE	DATE STARTED	DATE STOPPED

ANY OTHER RELEVANT INFORMATION

REPORTER DETAILS:

NAME: _____ DESIGNATION: _____

ADDRESS: _____

SIGNATURE: _____

SEND IT TO:
NATIONAL PHARMACOVIGILANCE CENTRE
DRUG REGULATORY AUTHORITY
THIMPHU BHUTAN TEL: 334271 EMAIL: dra@health.gov.bt

PHARMACOVIGILANCE CENTRE FOR ALLOPATHIC MEDICINES
PHARMACY DEPRATMENT, JDWNR HOSPITAL
THIMPHU TEL: 322420 (EXT 231) EMAIL: pharmcentre@druknet.bt

PHARMACOVIGILANCE CENTRE FOR TRADITIONAL MEDICINES
NATIONAL TRADITIONAL MEDICINES HOSPITAL
THIMPHU

PHARMACOVIGILANCE CENTRE FOR VETERINARY MEDICINES
NATIONAL ANIMAL HOSPITAL
THIMPHU

*No medicine is 100% safe
for all people in all circumstances.*



Report Adverse Drug Reactions!