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Farmaprojects
Your success is what matters to us

SUSPECT ADVERSE REACTIONS NOTIFICATION REPORT

1. REPORTER INFORMATION

- ○ Consumer/other non-health professional
- ○ Lawyer
- ○ Health Professional*

***QUALIFICATION:**

- ○ Physician
- ○ Pharmacist
- ○ Other

Country: Spain

Autonomous Comunity (Spain): Andalucía

If necessary, Do you give permission to Pharmacovigilance department to contact you?

○ No ○ Yes **Telephone or contact mail:**

2. PATIENT INFORMATION

Age (Years)	Birth Date:	Sex: Female

3. ADVERSE REACTION(S)

Description:

Date of reaction:

Onset	End

Please, select the appropriate:

- ☐ Results in death
- ☐ Life-threatening
- ☐ Requires inpatient hospitalization or prolongation of existing hospitalization
- ☐ Results in persistent or significant disability or incapacity
- ☐ Congenital anomaly / birth defect
- ☐ Other clinically relevant reactions important from a medical point of view
- ☐ None of the above (non-serious)

Outcome:

- ○ Recovered / resolved
- ○ Recovering / resolving
- ○ Not recovered / not resolved
- ○ Recovered / resolved with squeal
- ○ Fatal
- ○ Unknown

4. FARMAPROJECTS SUSPECT MEDICINAL PRODUCT(S)

Name of market drug and/or active substance:

Daily dose:	Route of administration:	Indication:	Date or therapy duration:	Action taken:
				☐ Drug withdrawn ☐ Dose reduced ☐ Dose increased ☐ Dose not changed ☐ Unknown ☐ Not applicable

5. CONCOMITANT DRUG(S) AND HISTORY (ej: diagnosis, allergies, pregnancy, etc.)