Julphar
الخليج للصناعات الدوائية
Gulf Pharmaceutical Industries

Adverse Drug Reaction Reporting Form

DATE OF EVENT

Event Date *

REPORTER DETAILS

Full Name *

E-Mail id *

Telephone *

Organization

Address

Occupation *

PATIENT INFORMATION

Patient Initials *

Weight *

☐ KG ☐ LB

Gender *

☐ Male ☐ Female

Height *

☐ CM ☐ FT

Date of Birth *

Country *

ADVERSE DRUG REACTION

Description of Event (according to the reaction site and date the reaction started and ended) *

Is the ADR serious *

☐ Yes ☐ No

IF YES REASON FOR SERIOUSNESS

- [ ] Death

Date

- [ ] Life - threatening
- [ ] Disability
- [ ] Hospitalization- initial
- [ ] Congenital abnormality
- [ ] Hospitalization - prolonged
- [ ] Others

If Others, please specify

OUTCOME OF THE ADR

- [ ] Resolved
- [ ] Lost to follow-up
- [ ] Unknown
- [ ] Death

Date of Birth *

Autopsy Planned / Done

- [ ] Yes
- [ ] No

Autopsy Report Available

- [ ] Yes
- [ ] No

SUSPECTED MEDICATION

Drug name *

Generic name *

Daily dose and route *

Start Date

Stop Date

Indication

CONCOMITANT MEDICATION(S)

Drug name

Generic name

Daily dose and route

Start Date

Stop Date

Indication

ACTION TAKEN TO TREAT ADR

- [ ] Medical treatment

Specify

- [ ] Drug Stopped
- [ ] Drug Reduced

Specify

Did the ADR subside after stopping the suspected medication

- [ ] Yes
- [ ] No

MEDICAL HISTORY

Condition

Onset

Details

Present

- [ ] Yes
- [ ] No

LABORATORY DATA

Drug name:

Start Date

Results

ADDITIONAL INFORMATION