ADR REGISTER

231

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CLASSTIME Pg. No.
Date / /

Issuing ADR Register.

ADR REGISTER
(Adverse Drug Reaction)

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by health care professionals

Report #

To be filled in by Pharmacovigilance centres receiving the form

A. Patient information

1. Patient identifier initials _____ In confidence

2. Age at time of event: or Date of Birth:

3. Sex: ☐ M ☐ F

4. Weight_____ Kgs

B. Suspected Adverse Reaction

5. Date of reaction started (dd/mm/yy):

6. Date of recovery (dd/mm/yy):

7. Describe reaction or problem

12. Relevant tests/ laboratory data, including dates

13. Other relevant history, including pre-existing medical conditions (e.g., allergies, race, pregnancy, smoking alcohol use, hepatic/ renal dysfunction, etc.)

14. Seriousness of the reaction

- ☐ Death (dd/mm/yy)_____
- ☐ Life threatening
- ☐ Hospitalization-initial or prolonged
- ☐ Disability
- ☐ Congenital anomaly
- ☐ Required intervention to prevent permanent impairment/ damage
- ☐ Other (specify)_____

15. Outcomes

- ☐ Fatal
- ☐ Continuing
- ☐ Recovering
- ☐ Recovered
- ☐ Unknown
- ☐ Other (specify)_____

C. Suspected medication(s)

Sl No	8. Name (brand and / or generic name)	Manufacturer (If known)	Batch No. / Lot No. (If known)	Exp. Date (If known)	Dose used	Route used	Frequency	Therapy dates (if unknown, give duration)		Reason for Use or prescribed for
								Date started	Date stopped	
I										
II										
III										
IV										

Sl. No. As per C	9. Reaction abated after drug stopped or dose reduced					10. Reaction reappeared after reintroduction				
	Yes	No	Unknown	NA	Reduced dose	Yes	No	Unknown	NA	If reintroduced, dose
I										
II										
III										
IV										

11. Concomitant medical products and therapy dates including self medication and herbal remedies (exclude those used to treat reaction)

D. Reporter (see confidentiality section in first page)

16. Name and Professional Address: _____

Pin code: _____ E-mail: _____

Cell No. / Tel. No. with STD Code: _____

Specialty _____ Signature

17. Occupation

18. Date of this report

CLASSTIME Pg. No.
Date 31/01/2021

No AOR found in this month

28/02/2021

No AOR found in this month

CLASSTIME Pg. No.
Date 31/03/2021

No AOR found in this month

31/3/2021
7pm

30/04/2021

No AOR found in this month

30/4/2021
7pm

CLASSTIME Pg. No.
Date 31/05/2021

No AOR found in this month

31/5/2021
2 PM

30/06/2021

No AOR found in this month

30/6/2021
2PM

No FDR found in this month

31/01/[illegible]

No FDR found in this month

No DOF found in this month

31/12/21

No DOF found in this month

No FDR found on this month

31/12/2021

No FDR found on this month