

e 1. Re	eporter De	tails									Initial		□Foll	ow-up		
<u> </u>									E-mail:							
Reporter Name:																
Contact address:								Telephone number:								
								Fax number:								
Туре		☐ Physician (Specialty):							☐ Consumer or other non healthcare professional							
☐ Pharmacist								☐ Other (Specify)								
If rep	If reporter is a consumer, have they informed their physician of the									he exposure? \Box Yes \Box No						
Has	Has the consumer provided permission to contact their healthcare									e professional?						
If yes, please provide healthcare professional contact details:																
Nam	ie:		Type:					Telephone:								
Address:								Email:								
									Liliuli.							
2. Pa	atient Detai	ils														
Date of birth			Age			Height			ht		Weight					
(Day/Month/Year)								cm	cm		kg					
				Yrs/mo.												
3. Company Drug Section																
Name			Strength	ength Dos		se Route		dication Treat		tment	Treatment Lot		Expiry			
								start		t date end dat		:e				
									(day/month/year)		(day/month/year)					
1.																
2.																
3.																
			I.	l	l				l							
4. De	etails of Ad	verse Event	1													
Adverse Event		Start Date (day/month/year)	Stop I				zation	on Outcom			e Event Causality			ausality		
		,		⊠ Yes				Recovered / Resolv								
				□ No			dates o	Recovered / Res Sequelae			olved With ☐ Not Related ☐ Unknown					
			If yes, provide dates hospitalization.					□ Recovering /Resolvin			ving					
								□ Not Recovered /Not I			ot Resolved					
								☐ Fatal☐ Unknown								
								UIIKIIOW	П		<u> </u>					
5. Complete Blood Count (CBC)																
			Date					Results			Normal Range					
Red blood cell count			(day/month/year)													
Hemoglobin																
Hema	atocrit			-												
	e blood cell	count														
Platelet count																



Chronic or recurrent anemia, Attach supporting hemoglobin records and reticulocyte 6. Treatment Transfusions:	Attach supporting labs for Complete Bl	lood Count (CBC)						
8. Medical History Paient's concomitant conditions, relevant medical history, known risk factors, relevant tests, laboratory data. (Include information on familial disorders, known risk factors or conditions that may affect the outcome of the pregnancy e.g. alcohol, snoking, other substance consumption, hypertension, eclampsia, diabetes including gestational, infections during pregnancy, environmental or occupational exposure that may pose a risk factory. 9. Completed By	☐ Chronic or recurrent anemia. Attach supporting hemoglobin records and reticulocyte							
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Name: Signature: Date (day/month/year):	9. Completed By							
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