SUSPECT ADVERSE DRUG REACTION REPORTING FORM

(For reporting of Adverse Drug Reaction by Healthcare Professionals & Consumers)

Optimus Pharma Pvt. Ltd.

IInd Floor, Sy No. 37/A & 37/P, Plot No.6P, Signature Towers, Kothaguda, Kondapur, Hyderabad – 500 084.

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*A. PATIENT INFORMATION

1. Patient Initials ☐ ☐ ☐

2. Age at the time of ☐ ☐

or Date of Birth D D M M Y Y Y Y

3. ☐ M ☐ F ☐ Others

4. Weight ☐ Kgs

Height ☐ cms

Report Type: Initial ☐

Follow up ☐

*B. SUSPECTED ADVERSE REACTION

5. Event/Reaction start date D D M M Y Y Y Y

6. Event/Reaction stop date D D M M Y Y Y Y

7. Describe Event/Reaction with treatment details, if any

12. Relevant tests/ laboratory data with dates

13. Relevant medical/ medication history

14.Seriousness of the reaction:

No ☐ Yes ☐

(if yes, please tick anyone)

- ☐ Death D D M M Y Y Y Y
- ☐ Life threatening
- ☐ Hospitalization (Initial/ Prolonged)
- ☐ Congenital-anomaly
- ☐ Disability
- ☐ Other Medically important

15 Outcome

- ☐ Recovered
- ☐ Recovering
- ☐ Not recovered
- ☐ Fatal
- ☐ Recovered with sequelae
- ☐ Unknown

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*C. SUSPECTED MEDICATION(S)

S.No	8. Name (Brand/ Generic)	Manufacturer (if known)	Batch No./ Lot No.	Exp. Date (if known)	Dose Used	Route used	Frequency (OD, BD, etc.)	Therapy dates	Indication
							Date started	Date stopped	
I									
ii									
iii									
iv									

S.No	9. Action taken (please tick)						10. Reaction reappeared after reintroduction (please tick)			
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose(if reintroduced)
I										
ii										
iii										
iv										

11. Concomitant medication(s)

S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication
					Date started	Date stopped	
I							
ii							
iii							

Additional Information:

*D. REPORTER DETAILS

16. Name and Professional Address:

Pin:

E-mail

Tel.No.(with STD code)

Occupation:

Signature:

17. Date of this report (DD/MM/YYYY):

Helpline Call/Message Received by:
(Name and Sign of Receiver)

Note: Please fill mandatory fields (*)

For ADRs Reporting to Optimus

Optimus Pharma Pvt. Ltd.
Sy. No. 37/A & 37/P, Plot No.
6P, 2nd Floor, Signature Towers,
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Tel.: +91 4033889025, Fax: +91-4027174641
Email: safety@optimuspharma.com

Call us on Helpline/
180030009200 (Toll Free)
(9:30 AM to 6:00 PM
Monday-Friday/ All Working days).