

Pharmacovigilance Report Form
Report of Suspected Adverse Drug Reaction and Medical Related Problem

Note: Identities of Reporter, Patient and Institution will remain confidential

Patients Details

Patient's Medical Record:..... Patient's Name/or Initial:.....
 Weight (Kg):..... Height (Cm): Age.....
 Sex: Male Female, Pregnant Yes, Which trimester: No

Drugs by Brand name	Name on medicine	Medicine producer	Dosage	Strength	Start date	End date	Indication
Suspected Drugs	1.						
	2.						
	3.						
Other Drugs	1.						
	2.						
	3.						
Suspected reactions/product related problem (Low efficiency, manufacturing defects. etc..)		Date of onset				Duration	
1.							
2.							
3.							

Comments (eg: relevant history, allergies, previous exposure to the drugsetc.

Pharmacovigilance Report Form

Report of Suspected Adverse Drug Reaction and Medical Related Problem

Consequences of suspected reactions

Serious?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If serious, please indicate the seriousness of reaction (s).		

- Death , (Date of deathCause of death.....)
- Life threatening
- Hospitalization
- Persistent disability
- Prolongation of hospitalization
- Leading to congenital anomaly
- Other serious consequences , Specify:.....

Patient Details On The Day of Report

- Recovered fully
- Recovered with reduced function
- Unknown consequence
- Death
- Full recovery is expected
- Other, Specify:.....

Was Suspected Drugs (s) Discontinued:

- Yes , Which drugs(s) ?
- No

Did reaction(s) disappear after discontinuation of suspected drugs(s)?

- Yes , Which reaction(s) ?.....
- No
- Unknown

Did reaction(s) reappear after reintroduction of suspected drugs (s)?

- Yes
- No
- Unknown

Reporter Details

Reporter's Name & Status Physician Dentist Pharmacist Nurse Other,.....
Office Address:..... Country: P.O.Box..... Mobile Phone:.....
E-mail:.....Fax:..... Date: Signature :.....

For Jordan Food & Drug Administration

Date of Receiving the report Program report NO#

Note: In case there is additions information you can attach extra form .

Pharmacovigilance Report Form

Report of Suspected Adverse Drug Reaction and Medical Related Problem

: