



## Adverse Event Report Form

(For reporting of Adverse events by Healthcare Professionals & Consumers)

Please complete and return form to [info@richenciapharma.com](mailto:info@richenciapharma.com)

Note: Please fill mandatory fields (\*)

REPORTER DETAILS *	
Name (First/Last)	
Healthcare Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation: (Include occupation e.g. physician, patient, etc)
Address/City/State Code/Country	
Telephone/Fax	
Email Address	
Has the report been reported to the Regulatory Authorities by the reporter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK	
Did the reporter give consent to contact for further follow up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PATIENT DETAILS*		
Initials/Patient ID	Age	Age Units
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	
Height	Weight	
Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA	Date of LMP (Last Menstrual Period)	



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### SUSPECT PRODUCT(S)\*

Product Name/ Active Substance	Batch No. / Expiry date	Route (oral, etc.)	Daily Dose		Treatment Dates		Indication	Action taken in response to AEs
			Dose/ Unit	Freque ncy	Start Date	End Date		

### CONCOMITANT PRODUCT(S)

Product Name/ Active Substance	Route (oral, etc.)	Daily Dose		Treatment Dates		Indication	Action taken in response to AEs
		Dose/ Unit	Frequency	Start Date	End Date		

### REPORTED ADVERSE EVENT(S) AND SPECIAL SITUATIONS \*

Event as reported	Event dates		Seriousness criteria	Outcome	Reporter Causality
	Start Date	Stop Date			



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### OTHER RELEVANT HISTORY

None       Unknown

Condition	Start – Stop Dates

### LAB DATA/ RELEVANT TESTS

None       Unknown

Results Attached?

Lab Data Test	Date	Results	Units	Normal Range	Notes

**ADDITIONAL INFORMATION:** (Please give additional details on the adverse events, sequence of events, including hospitalisation details, treatment, relevant laboratory tests (if applicable) and to relevant information regarding processing of the case, for example follow up activities . This box can also be used to add extra information if you have run out of space in the other fields)