SUSPECT ADVERSE DRUG REACTION REPORTING FORM

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

Hetero Labs Limited, 7-2-A2, Hetero Corporate Industrial Estates, Sanath Nagar, Hyderabad – 500 018. Telangana, INDIA

*A. PATIENT INFORMATION			**ADR Report No. :**
1. Patient Initials _____	**2. Age at the time of Event or Date of Birth** _____	3. M □ F □ Other □ 4. Weight_____Kgs Height _____ cms	**Argus Case ID/Worldwide Unique No. :** **Report Type: Initial □ Follow up □**

*B. SUSPECTED ADVERSE REACTION	12. Relevant tests/ laboratory data with dates
5. Event/Reaction start date (DD/MM/YYYY)	
6. Event/Reaction stop date (DD/MM/YYYY)	
7. Describe Event/Reaction with treatment details, if any	13. Relevant medical/medication history
	14. Seriousness of the reaction: No □ Yes □ (if yes, please tick anyone) □ Death (dd/mm/yyyy) □ Life threatening □ Hospitalization (Initial/Prolonged) □ Congenital-anomaly □ Disability □ Other Medically important
	15. Outcome □ Recovered □ Recovering □ Not recovered □ Fatal □ Recovered with sequelae □ Unknown

***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	Causality Assessment
								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	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)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										

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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 Hetero

Hetero Labs Limited,
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Call us on Helpline/
1800-120-8689 (Toll Free)
(9:00 AM to 6:00 PM
Monday-Friday/ All Working days).