Adverse Event Reporting Form

Country where Adverse Event occurred: _____

Type of Report: ☐ initial ☐ follow - up

Patient Data (fill in at least one)

Initials	Date of Birth, or Age	Sex	Height cm	Weight kg

Seriousness (Mark All Appropriate) ☐ None appropriate = **Non-serious**

☐ Result in death ☐ Life-threatening ☐ Caused / prolonged hospitalisation

☐ Disabling/ Incapacitating ☐ Congenital anomaly ☐ Clinically significant / required intervention

Adverse Event

Description	**Onset Date**	**End Date**

Drug Therapy

Suspected Drug (Product name & Active Substance)	**Batch Number**	**Dose**	**Route (iv, po)**	**Start Date - End Date**	**Indication**	**Action taken (dose unchanged /reduced, withdrawn, unknown)**

Provide as much information as possible; use an extra sheet if not enough space

Relevant Medical Information and Concomitant Treatment (e.g. Diagnoses, Treatments, Family History, Risk Factors, Allergies, Nicotine or Alcohol Abuse, Occupation, etc.)

Causality: ☐ Definite ☐ Probable ☐ Possible ☐ Unlikely ☐ Not related ☐ Not assessable

Outcome: ☐ Recovered/Resolved ☐ Recovered/Resolved with Sequelae ☐ Ongoing ☐ Improvement

☐ Deterioration ☐ Death ☐ Not Assessable

Name and Address of Reporter (including e-mail or phone number)

Date and Signatur:

Transmit immediately to: **E-Mail: drugsafety@everpharma.com** **Fax: +43 7665 20555 ext 910**