TRACKING FORM

Doc:	4/RA-PhV-02
Rev:	02
Rev Date:	15-12-2028

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"For Office Use Only"

Date:	
PV-ICR #:	

A: Patient Details and History

B: Suspected Drug(s)

Brand and Generic name	Batch No.	Expiry date.	Route of Adm.	Daily dose (Freq.)	Dosage & Strength	Start date	Stop Date	Indication/ Disease

C: Details of the Event:

Reaction Onset Date & Time: _____(DD/M/YY):____:_____Am/Pm **Recovery start Date & Time:** _____(DD/M/YY) ____:_____Am/Pm

Any other Detail of Reaction:

Relevant laboratory data (if available)**:**

Medication Prescribed or advised by:

Doctor ☐ Pharmacist ☐ Nurse ☐ Self-medication ☐

Is the Drug (s) a new Medicine? Yes ☐ No ☐

Do you consider the reaction(s) to be serious? Yes ☐ No ☐

If yes, please tick all that apply of the following :

- ☐ **Patient died due to reaction**
- ☐ **Involved or prolonged inpatient hospitalization**
- ☐ **Life Threatening**
- ☐ **Involved persistent or significant disability or incapacity**
- ☐ **Congenital anomaly/Birth Defects**

Other Serious (Medically Important Condition): _____

please give details: _____.

D: Management and Outcome :

Action taken:-

Drug Withheld Yes ☐ No ☐

Drug Discontinued Yes ☐ No ☐

Dose changed: Yes ☐ No ☐ if yes, specify: _____

Frequency Changed: Yes ☐ No ☐ if yes, specify: _____

Treatment Given? Yes ☐ No ☐ if yes, then specify: _____

Did Reaction subside after stopping drug/changing dose? Yes ☐ No ☐

Did reaction re-occur when the drug was re-started? Yes ☐ No ☐

Outcome:

☐ Recovered (Date of Recovery) : _____ Unknown ☐

☐ Fatal (Date of Death): _____ Continuing ☐

E. Cause of Adverse Event :

Was the reaction linked to "Therapeutic failure" : No ☐ **Yes** ☐ if yes then tick the reason :

Poor Quality ☐ Improper administration of drug ☐ **Drug interaction** ☐ **Counterfeit** ☐

Expired ☐ **Improper storage** ☐ **Over-dosing** ☐ **Under dosing** ☐

Was the reaction due to Medication Errors? ☐ **Yes** ☐ **No**

Dispensing Error ☐

Administrative Error ☐

Prescribing Error ☐

Other: _____

F. Reporter details :

Affiliation: _____ Profession: _____

E-mail: _____