



MEDICINES SIDE EFFECT REPORTING FORM (FOR CONSUMERS)

Plasmagen Biosciences Pvt. Ltd., 5th Main Rd, Chamrajpet, Bengaluru, Karnataka 560018

This reporting is voluntary, has no legal implication and aims to improve patient safety. Your active participation is valuable.

1. Patient Details				
Patient Initials:	Gender (✓): Male/Female/Other	Age (YY/MM) :		
2. Health Information				
a. Reason(s) for taking medicine(s)(Disease/Symptoms):				
b. Medicines Advised by (✓): Doctor Pharmacist Friends/Relatives Self (Past disease experienced/No past disease experienced)				
3. Details of Person Reporting the Side Effect				
Name (Optional):				
Address:				
Telephone No:		Email:		
4. Details of Medicine Taking/Taken				
Name of Medicines	Quantity of Medicines taken (e.g. 250 mg, Two times a day)	Expiry Date of Medicines	Date of Start of Medicines	Date of Stop of Medicines
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
Dosage Form: Tablet/Capsule/Injection/Oral Liquids If Others (Please Specify.....)				

5. About the Side Effect

When did the side effect start? dd/mm/yy Side Effect Continuing (Yes/No): When did the side effect stopped? dd/mm/yy

6.How bad was the Side Effect? (Please ✓ the boxes that Apply)

Did not affect daily activities

Affect daily activities

Admitted to hospital

Death

Others

7.Describe the Side Effect (What did you do to manage the side effect?)

The information provided in this form will be forwarded to ADR Monitoring Centre for follow-up. You are requested to cooperate with the programme officials when they contact you for more details. Please do report if you do not have all the information.

Send your report to:

PlasmaGen BioSciences Pvt. Ltd.
No.160, KCI Chambers, 2nd Floor,
5th Main Road, Chamarajpet,
Bangalore-560018,
Karnataka, India
Tel.+91- 8197761799
Email: pv@plasmagen.in
For more information visit us at www.plasmagen.in

Call us on Helpline
+91- 8197761799
(24/7, All Days)

Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public.

Instructions to Complete the Form

Section 1 - Patient Details

- In patient Initial, write first letter of the name and first letter of the surname (e.g. Pradeep Sharma-PS).
- Provide personal information (Gender, Age).

Section -2 Health Information

- Provide reason(s) for taking medicines and medicines advised by (Doctor, Pharmacists, Friends/ Relatives and Self).

Section 3 - Details of Person Reporting the Side Effect

- Provide the name (optional), address; telephone no. and email are necessary to assess the report.

Section 4 - Details of the Medicines Taking/Taken

- Give all details about the Medicines (Name of Medicines, Quantity of Medicines taken, Expiry Date, start and stop date of Medicines) that have caused side effects.
- Please provide Dosage form (Tablets, Capsule, injections, Oral liquid) and if others please specify.

Section 5 - About the Side Effect

- Provide Side effect start and stop dates and also specify whether the side effect continues.

Section 6 - How bad was the Side Effect

- Please mark the appropriate boxes that apply.

Section 7- Describe the Side Effect

- Please describe the details of side effects and what treatment is taken to manage side effects.

Thank you for taking the time to complete this form