ADVERSE DRUG REACTION REPORTING FORM

DOC-ADR/F003
KINAPHARMA LIMITED
in Strict Confidence

1.PATIENT'S DETAILS:

Full Name or Initials_____ Patient's Record No:_____

AGE/DATE OF BIRTH:_____ SEX: M☐ F☐ Weight(kg)_____

HOSPITAL/Treatment Centre _____ Telephone No.: _____

2.ADVERSE DRUG REACTION AND ANY TREATMENT GIVEN *(Attach a separate sheet when necessary)*

DESCRIPTION

DATE Reaction Started	Date Reaction Stopped

OUTCOME OF REACTION
TICK AS APPROPRIATE

☐ Recovered fully ☐ Recovered with disability (specify) _____

☐ Hospitalization ☐ Life Threatening (specify) _____

☐ Death ☐ Others (specify) _____

Was Patient Admitted Due to ADR Yes ☐ No ☐

If Already Hospitalized, was it Prolonged Due to ADR Yes ☐ No ☐

Duration of Admission (days) _____

Treatment of Reaction: _____

3.SUSPECTED DRUG(S) (*Attach sample or product label if available*)

Brand Name	Generic Name	Batch No.	Expiry Date	Manufacturer

Reason(s) for use (Indication)	Daily dose:	Route of Administration:

Date started: (dd/mm/yyyy) Date stopped: (dd/mm/yyyy)

Did the adverse reaction subside when the drug was stopped (de-challenged)? Yes ☐ No ☐

Was the drug prescribed? Yes ☐ No ☐ Source of Drug:

Was drug re-used after detection of adverse reaction *(re-challenge)?* Yes ☐ No ☐

Did adverse reaction re-appear upon re-use? Yes ☐ No ☐

4.CONCOMITANT DRUGS INCLUDING HERBAL MEDICINES TAKEN PRIOR TO THE ADVERSE REACTION

(*Attach a separate sheet when necessary*)

Name of Drug	Daily dose	Date started	Date stopped	Reason(s) for use

Attach all relevant laboratory tests/data

5.SOURCE OF REPORT:

Name of Reporter: Profession: _____

Address:

Signature:_____ Tel:_____ Email: _____

For all questions relating to Suspected Adverse Reactions, please call at Kinapharma Limited on

Landline: +233 (0302) 220390, 272083
Mobile: +233 (262635552)
E-mail: drugsafety@kinapharma.com
pharmacovigilance@kinapharma.com

This form can also be downloaded from Kinapharma Limited website: http://www.kinapharma.com

Please, note that this report does not constitute an admission that the reporting medical professional or the suspected product caused or contributed to the event.

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Confidentiality: Identities of reporter and patient will remain strictly confidential. Your support of safety Monitoring programme is much appreciated. Information supplied by you will contribute to the improvement of drug safety and therapy in Ghana

PLEASE USE ADDRESS BELOW INCASE YOU WANT TO REACH US BY MAIL

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WHEN COMPLETED PLEASE CALL +233262635552 FOR PICK UP
OR SEND BY POST TO:

KINAPHARMA LIMITED,
P.O. BOX 241, LA TRADE FAIR,
ACCRA-GHANA.