NATIONAL HEALTHCARE PVT. LTD.

CHHATAPIPRA, BARA, NEPAL

ADVERSE EVENT REPORTING FORM

Patient Details:

Patent's Name:_____ Country: _____

Age/Date of Birth: _____Weight: _____Kg. Height: _____

Sex: ☐ Male ☐ Female (Pregnancy Status: _____)

Adverse Event Details:

Date of Adverse Event: _____

Seriousness:

☐ Death ☐ Life Threatening

☐ Hospitalization- Initial /Prolonged ☐ Disability

☐ Congenital-anomaly ☐ Other Medically Important

☐ Required intervention to prevent permanent impairment/ damage

Adverse Event Description:

Adverse Event Outcome: ☐ Not Recovered ☐ Recovered (Recovered Date: _____)

☐ Recovering ☐ Unknown ☐ Recovered with sequelae ☐ Fatal (Date of Death:_____)

Related Tests/ Laboratory data(If available):

Other Medical History(Including Pre-existing Condition):

Suspected Medication Details:

S/ No.	Product Name	Batch/Lot No.	Mfg. Date	Exp. Date	Dose and Frequency	Therapy Dates		Reason for Use/ Indication
						Start Date	Stopped Date	
1.								
2.								

Action taken after reaction: ☐ Drug withdrawn ☐ Dose reduced ☐ Dose increased ☐ Dose continued

Reaction abated after use stopped or dose reduced : ☐ Yes ☐ No ☐ Not applicable

Reaction reappeared after reintroduction: ☐ Yes ☐ No ☐ Not applicable

Concomitant Medication Details (Excluding Treatment of Reaction):

S/ No.	Product Name	Batch/Lot No.	Mfg. Date	Exp. Date	Dose and Frequency	Therapy Dates		Reason for Use/ Indication
						Date Start	Date Start	
1.								
2.								
3.								
4.								
5.								

Reporter Details:

Name:
Profession:
Contact No. :
E-mail:
Address:

Date of Reporting:
Signature:

To be Filled by National Healthcare:

Date of Receiptof Adverse Event:
Name and sign of Receiver:
Report type: ☐ Initial ☐ Follow up

Where to Report:

Mail to: National Healthcare Pvt. Ltd., Chhatapipra-3, Bara, Nepal.
Phone No.: +977-51-580236, +977-51-580508
or Email at: bpmd@nationalhealthcare.com.np

Confidentiality: The identity of patient shall be kept in strict confidence and protected to the fullest extent. No any legal implication on reporter upon submission of ADR reports.