

## Adverse Event Reporting Form

### A. Patient Detail (Animal data)

Species:		Breed/production type:			
Sex		Physiological status:			
<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> pregnant	<input type="checkbox"/> neutered	<input type="checkbox"/> lactating	<input type="checkbox"/> other
Weight (kilogram):		Age:			
State of health at time of treatment:					
<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> critical	<input type="checkbox"/> unknown	<input type="checkbox"/> other
Reason(s) for treatment (prevention of what disease(s) or initial diagnosis) :					

### B. Adverse Reaction Details

	Onset Date: Date & Duration of Reaction:
Adverse Reaction Term (s): Description of adverse events: (including all clinical signs, site of reaction, severity, with specific diagnosis, treatment and action taken):	
<b>Outcome of the Event:</b> <input type="radio"/> Recovered <input type="radio"/> Not Recovered <input type="radio"/> Recovered with sequelae <input type="radio"/> <b>Fatal</b> <input type="radio"/> <b>Unknown</b>	
<b>Lab test details (Report)</b>	

### C. Drug Details

<b>Name of the drug:</b>		<b>Strength:</b>	
<b>Indication:</b>			
Batch No:		Expiry date:	
Dose and frequency:		Route and site of administration:	
<b>Start date of treatment:</b>	<b>Stop date:</b>	Who administered the product: <input type="checkbox"/> veterinarian <input type="checkbox"/> owner <input type="checkbox"/> other	
<b>Use according to label:</b>	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no, explain:
<b>Action taken after reaction:</b>	<input type="checkbox"/> drug withdrawn	<input type="checkbox"/> dose reduced	<input type="checkbox"/> other, explain:
<b>Additional suspect drug</b> (if any), details as above:			
<b>Concomitant medications</b> (provide with details):			

<b>D.Veterinarian ( If not the reporter)</b>	
<b>Name:</b>	
<b>Address:</b> _	
<b>Pin code:</b>	
<b>Tel no.:</b>	
<b>E. Reporter Details</b>	
<b>Name:</b>	<b>Occupation:</b> [ <input type="checkbox"/> ] Animal Owner [ <input type="checkbox"/> ] Pharmacist [ <input type="checkbox"/> ] Other, specify:.....
<b>Address:</b>	<b>Also reported to:</b> [ <input type="checkbox"/> ] Regulatory authority [ <input type="checkbox"/> ] Distributor [ <input type="checkbox"/> ] None
<b>Tel No:</b> <b>Email:</b>	<b>Date:</b> <b>Signature:</b>
<b>Send this report to</b>	<b>To be filled by Manufacturer</b>
Global Pharmacovigilance Department, Cadila Healthcare Limited, Zydus Corporate Park, Scheme No. 63, Survey No. 536, Khoraj (Gandhinagar), Near Vaishnodevi Circle, Sarkhej-Gandhinagar Highway, Ahmedabad-382481, Gujarat, India  Fax: 02717-6663727 or 079-26868687 Email: <a href="mailto:drugsafety@zyduscadila.com">drugsafety@zyduscadila.com</a> <a href="mailto:enquiry@zydusahl.com">enquiry@zydusahl.com</a>	Date of received:
	Name & Sign of receiver
	Safety report ID
	Report type: [ <input type="checkbox"/> ] Initial [ <input type="checkbox"/> ] Follow up, number: .....

Confidentiality: Customers identity will be held confidential and shall remain protected. Submission of a report does not constitute an admission that veterinary personnel or manufacturer or the product caused or contributed to the event.