



VIVAX Pharmaceuticals, s.r.o.
 Moyzesova 868/67
 017 01 Považská Bystrica

E-mail: info@vivax.sk
 ADR report: drug-safety@vivax.sk
 Tel./Fax: +421 42 432 80 89

REPORT OF ADVERSE DRUG REACTION

INFORMATIONS ABOUT PATIENT						
First letters of name and surname:		Date of birth /age:		Gender: <input type="checkbox"/> man <input type="checkbox"/> woman		
Height:	cm	Weight:	kg			
INFORMATIONS ABOUT ADVERSE REACTION						
Date of occurrence of adverse reaction:			Mark if adverse reaction has led to:			
Description of adverse reaction(s):			<input type="checkbox"/> hospitalisation <input type="checkbox"/> extension of hospitalisation <input type="checkbox"/> permanent patient injury (congenital abnormality / malformation) <input type="checkbox"/> health disability / serious defect of functions <input type="checkbox"/> direct threat of life <input type="checkbox"/> it was another medically significant condition <input type="checkbox"/> death of the patient Date of death:			
1.						
2.						
3.						
4.						
5.						
6.						
7.			Reason of death:			
INFORMATIONS ABOUT DRUGS – MARK THE SUSPECTED DRUG <input type="checkbox"/> , ALSO INDICATE ALL CONCOMITANT MEDICATIONS						
Name of the medicinal product(s), mark the suspected <input type="checkbox"/>		Administration	Strength	Dosage	from - to	Indication
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
Was the drug administration stopped?		<input type="checkbox"/> yes <input type="checkbox"/> no				
Has the reaction been corrected after the drug was omitted?		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> I don't know		
Did the reaction appear after a new drug administration?		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> I don't know-wasn't administered		



VIVAX Pharmaceuticals, s.r.o.
Moyzesova 868/67
017 01 Považská Bystrica

E-mail: info@vivax.sk
ADR report: drug-safety@vivax.sk
Tel./Fax: +421 42 432 80 89

Did the patient use a drug in the past?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> I don't know			
Anamnesis of the patient:	Adverse reactions to another drugs?	<input type="checkbox"/> yes	Name of the drug:				
	<input type="checkbox"/> no						
		<input type="checkbox"/> allergy	<input type="checkbox"/> smoking	<input type="checkbox"/> pregnancy	<input type="checkbox"/> alcohol	<input type="checkbox"/> drugs	<input type="checkbox"/> other
						
Is the report from the study?	<input type="checkbox"/> from clinical study	<input type="checkbox"/> from non-interventional study	<input type="checkbox"/> it's not from the study				
CONTACT DETAILS OF REPORTER							
Name and surname:				<input type="checkbox"/> patient / parent			
Address / name and address of medical facility:				<input type="checkbox"/> medical personnel			
				qualification:			
Brief case description, examinations, treatment of adverse reaction(s) and other important informations:							