

**ADVERSE DRUG REACTIONS & QUALITY PROBLEM REPORTING FORM**

| | |
|--|---------------|
| Version 1: Released for implementation | May 2003 |
| Version 2: Released for implementation | November 2004 |
| Version 3: Updated contact details | April 2011 |
| Version 4: New form | April 2017 |
| Version 5: Updated contact details and SAHPRA logo | May 2019 |
| Version 5.1: Updated SAHPRA logo | January 2020 |
| Version 5.2: Updated contact details | January 2021 |
| Version 6.0: Updated contact details | October 2021 |

**ADVERSE DRUG REACTION (ADR)/PRODUCT QUALITY PROBLEM REPORT FORM
(PUBLIC AND PRIVATE SECTOR) (Including Herbal Products)**

| Reporting Health Care Facility/Practice | | | | | | | |
|---|--|------------------------|--------------------|---|---------------------------------|--------------|---|
| Building A, Loftus Park 402 Kirkness Street, Arcadia, Pretoria Tel: (012) 501 0311 E-mail: adr@sahpra.org.za | | Facility/Practice | | | | | |
| | | District | | Tel | | | |
| | | Province | | Fax | | | |
| Patient Details | | | | | | | |
| Patient Initials | | File/Reference Number | | | Date of Birth/Age | | |
| Sex | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk | Race | | Weight (kg) | | Height (cm) | Pregnant? <input type="checkbox"/> N <input type="checkbox"/> Y |
| Allergies | | | | Estimated Gestational Age at time of reaction | | | |
| Suspect Medicine(s) [Medicines suspected to have caused the ADR] | | | | | | | |
| Trade Name [Generic Name if Trade Name is unknown] | Route | Dose (mg) and Interval | Date Started/Given | Date Stopped | Reason for use | Batch Number | Expiry Date |
| | | | | | | | |
| | | | | | | | |
| All other Medicines Patient was taking at time of reaction [Including over-the-counter and herbal products] | | | | | | | |
| Trade Name [Generic Name if Trade Name is unknown] | Route | Dose (mg) and Interval | Date Started/Given | Date Stopped | Reason for use | Batch Number | Expiry Date |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Adverse Drug Reaction/Product Quality Problem | | | | | | | |
| Date and time of onset of reaction | | | | | Date reaction resolved/duration | | |
| Please describe Adverse Reaction/Product Quality Problem: (kindly add as much clinical information as possible) | | | | | | | |
| | | | | | | | |
| Intervention(tick all that apply) | | | | Patient Outcomes (tick all that apply) | | | |
| <input type="checkbox"/> No intervention <input type="checkbox"/> Intervention unknown <input type="checkbox"/> Patient Counselling/non-medical treatment <input type="checkbox"/> Discontinued Suspect Drug; Replaced with: _____ <input type="checkbox"/> Decreased Suspect Drug Dosage; New Dose: _____ <input type="checkbox"/> Treated ADR - with: _____ <input type="checkbox"/> Referred to Hospital: Hospital Name _____ <input type="checkbox"/> Other Intervention (e.g. dialysis): _____ | | | | <input type="checkbox"/> ADR recovered/resolved <input type="checkbox"/> recovering/resolving <input type="checkbox"/> not recovered/not resolved <input type="checkbox"/> Patient Died: Date of death: _____ <input type="checkbox"/> Impairment/Disability <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Patient Hospitalised or Hospitalisation prolonged <input type="checkbox"/> Life Threatening <input type="checkbox"/> Other: _____ <input type="checkbox"/> ADR reappeared after restarting suspect drug/similar drug (rechallenge)?: <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not done <input type="checkbox"/> Unknown | | | |
| Laboratory Results | | | | Additional Laboratory Results | | | |
| Lab Test | Test Result | Test Date | | Lab Test | Test Result | Test Date | |
| | | | | | | | |
| | | | | | | | |
| Co-morbidities/Other Medical Condition(s) | | | | | | | |
| | | | | | | | |
| Reported by | | | | | | | |
| Name | | | E-mail | | | | |
| Designation | <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/> Other: | | | | Telephone | | |
| Date reported: | | | | | Signature | | |
| THIS ADR REPORT IS NOT A CONFIRMATION THAT THE REPORTER OR THE SUSPECT MEDICINE(S) CAUSED THE ADR | | | | | | | V5.1 01/20 |

ADVICE ABOUT VOLUNTARY REPORTING**Report adverse experiences with:**

- medications (drugs, vaccines and biologicals)
- medical devices (including in-vitro diagnostics)
- complementary / alternative medicines (including traditional, herbal remedies, etc.)

Please report especially:

- adverse drug reactions to newly marketed products
- serious reactions and interactions with all products
- adverse drug reactions which are not clearly reflected in the package insert.

Report Product Quality Problems such as:

- suspected contamination
- questionable stability
- defective components
- poor packaging or labelling

- therapeutic failures

Report even if:

- you're not certain the product caused the event
- you don't have all the details

Important numbers:**Investigational Products and Product Quality Problems:**

- phone: 082 256 2626/060 982 2118
- email: mlungisi.wondo@sahpra.org.za

Adverse Events Following Immunisation:

- phone: 0800 02 9999
- email: aefi@health.gov.za

Confidentiality: Identities of the reporter and patient will remain strictly confidential.

Your support of the South African Health Products Regulatory Authority's adverse drug reaction monitoring programme is much appreciated. Information supplied by you will contribute to the improvement of medicine safety and therapy in South Africa.