Number: Centre / Month / Year

NATIONAL PHARMACOVIGILANCE PROGRAMME FOR AYURVEDA, SIDDHA & UNANI (ASU) DRUGS

Reporting Form for Suspected Adverse Reactions to ASU Drugs

Please note	e: (I)	Inform	Information about the patients, prescribers and reporters will remain confidential.					
	(II)		It is requested to report ALL suspected reactions as soon as possible, even if complete information is not available. Please note however that column numbers 1,2,3,4, 6 & 10 ar					
				t available. Please no	ote however that	column numb	ers 1,2,3,4, 6 & 10 ar	
		compu	Provide School Belleville					
1. Patient	/ consu	ımer ident	tification	(please complete	MARKET STATE OF THE STATE OF TH	Proceedings of the contract of	SECURED AND PROPERTY OF THE PR	
Name /Identifier Initials						Patient's Record Number (PRN):		
Ethnicity:				IPD/OPD	Age:	Sex:	Male / Female	
Address					Weig	nt: Prakr	iti/ Mizaj /	
Village/ To	own							
Post/ Via					Occuj	oation:		
District/ St	tate	- I find and vita stress	to characteristic control		Service of Control of the Service of Control of Control	olecciona di Sanza di Albania		
				verse Reactions (please comple	te boxes be	low) :	
		initial obse	ervations:					
Description reactions	n of							
reactions								
3 list of	fall ASI	I drugs in	cludina	drugs of other sy	stems used by	the patient	during the	
	THE WALLAN		A CALL CONTRACTOR OF THE PARTY	CIRCLE AND ADD ATRICAL AND A				
report	ing peri	iod :						
report Name of the		ufacturer	Daily	Dosage form and		Date		
	Man Bat	ufacturer tch no./	Daily dose				Reason for use	
Name of the	Man Bat	ufacturer		Dosage form and route of	Į.	Date	Reason for use	
Name of the	Man Bat	ufacturer tch no./		Dosage form and route of	Į.	Date	Reason for use	
Name of the	Man Bat	ufacturer tch no./		Dosage form and route of	Į.	Date	Reason for use	
Name of the	Man Bat	ufacturer tch no./		Dosage form and route of	Į.	Date	Reason for use	
Name of the medicine	Man Bat Exp	ufacturer tch no. / piry date	dose	Dosage form and route of administration	Į.	Date	Reason for use	
Name of the medicine 4. Brief de	Man Bar Exp	tch no. / biry date	ected AS	Dosage form and route of administration U Medicine:	Starting	Stopping	Reason for use	
4. Brief do	Man Bat Exp etails of mposition	tch no. / biry date the susp	ected AS	Dosage form and route of administration	Starting	Stopping	Reason for use	
4. Brief do a. Co b. Ex	etails of mposition	tch no. / biry date the susp on of the fo	ected AS	Dosage form and route of administration U Medicine:	Starting	Stopping	Reason for use	
4. Brief do a. Co b. Ex c. Re	etails of mposition maining	the suspon of the formatter and the suspon of the formatter and th	ected AS ormulation	Dosage form and route of administration SU Medicine: 1 / Part and form of uct label	Starting The raw material	Stopping	Reason for use	
4. Brief do a. Co b. Ex c. Re d. Ple	etails of mposition maining ease tick	the suspon of the formula in a suspension of the suspension of the formula in a suspension of the suspension of	ected AS ormulation	Dosage form and route of administration U Medicine:	Starting The raw material	Stopping	Reason for use	
4. Brief do a. Co b. Ex c. Re d. Ple e. Ad	etails of mposition maining ease tick juvant(A	the suspon of the formal part of druck anupana):	ected AS ormulation ug / Produ	Dosage form and route of administration SU Medicine: 1 / Part and form of uct label 2, Unani, any other	Starting The raw material	Stopping	Reason for use	
4. Brief do a. Co b. Ex c. Re d. Ple e. Ad f. Die	etails of maining ease tick juvant(A	the suspon of the formula in a constant of the suspon of the formula in a constant of druger in a constant of the suspon of the formula in a constant of the suspon of the formula in a constant of the suspon of the formula in a constant of the suspon of t	ected AS ormulation ug / Produ	Dosage form and route of administration U Medicine: A / Part and form of act label a, Unani, any other ons) if any:	Starting the raw mater	Stopping al used	Reason for use	
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6. Outcome of the	suspected adverse	reaction (please o	complete the box	kes below) :						
Recovered / Recovering :	Not recovered	Unknown:	Fatal :	If Fatal Date of death:						
Severe: Yes/ No		Reactions abate	ed after drug stop	ped or dose reduced:						
		Reaction reappe	Reaction reappeared after re introduction:							
Was the patient add										
If yes, give name at	nd address of hospita uired:	1								
TO THE CONTRACT OF THE PARTY OF	The State of the S									
7. Laboratory inve	stigations done, wh	iich provides susp	ocion of arug in	volvement :						
9 Please tick if th	e patient is sufferin	a with any chronic	e disordors :							
	nal Cardiac	Diabetes	Malnutrition	Any Others						
riepatio ito	Ilai Gardiao	Diabetes	Manifullition	Ally Others						
0 Whathar history	of allergy / Drug re	ections oviets:								
9.Whether history	of allergy / Drug re	actions exists.								
10. Identity of the	reporter :									
Type (please tick):		Nurse / Doctor / Pharmacist / Health worker / Patient / Manufacturer / Distributor / Supplier / Any others (please specify)								
Name :		Distributor / Supplier / / trij Striero (prodos oposity)								
Address :										
Telephone / E ma	ail									
Signature of th	e reporter:			Date:						
Please send th	e completed form to) :								
		The centre from who	ere the form is re	ceived or						
Name & address	, or the	To The Coordinator								
RPC-ASU / PPC		National Pharmacovigilance Resource Centre For ASU Drugs								
		I.P.G.T. & R.A., G.A.U., Jamnagar, Gujarat - 361 008, India Tele Fax: 0288 2676856 / 0288 2553936								
				mail: nprcasu@gmail.com						
Who Can Report?										
		sionals including, AS	U Doctors / Dentis	ts / Nurse / Pharmacists						
What to Report? :	etc.									
	all suspected adverse r	eactions, Lack of eff	ects, Resistance, I	Orug interactions,						
Where to Report ?	All suspected adverse reactions, Lack of effects, Resistance, Drug interactions, Dependence and Abuse Where to Benert 2									
	Peripheral Pharmacovig	gilance Centre or Reg	gional Pharmacovi	gilance Centre or						
	lational Pharmacovigila									
	he patient's identity wi	Il be held in strict cor	nfidence and prote	cted to the fullest extent.						
	Programme staff will no he public.	t disclose the reporte	er's identity in resp	onse to a request from						
• s				at, medical personnel or ction.						