

Number: Centre / Month / Year

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

Reporting Form for Suspected Adverse Reactions to ASU Drugs

- Please note :**
- (I) 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 are compulsory.

1. Patient / consumer identification (please complete or tick boxes below as appropriate) :

Name /Identifier Initials		Patient's Record Number (PRN):	
Ethnicity:	IPD/OPD	Age :	Sex : Male / Female
Address Village/ Town Post/ Via District/ State		Weight:	Prakriti/ Mizaj /
		Occupation:	

2. Description of the suspected Adverse Reactions (please complete boxes below) :

Date and time of initial observations:	
Description of reactions	

3. List of all ASU drugs including drugs of other systems used by the patient during the reporting period :

Name of the medicine	Manufacturer Batch no. / Expiry date	Daily dose	Dosage form and route of administration	Date		Reason for use
				Starting	Stopping	

4. Brief details of the suspected ASU Medicine :

a. Composition of the formulation / Part and form of the raw material used
b. Expiry date if any:
c. Remaining part of drug / Product label
d. Please tick : Ayurveda, Siddha, Unani, any other
e. Adjuvant(Anupana):
f. Dietary history(Intake/Restrictions) if any:
g. Whether the drug is consumed under medical supervision or used as self medication.
h. Any other relevant information.

5. Treatment provided (if any) for suspected adverse reaction :

6. Outcome of the suspected adverse reaction (please complete the boxes below) :

Recovered / Recovering :	Not recovered	Unknown :	Fatal :	If Fatal Date of death:
Severe: Yes/ No		Reactions abated after drug stopped or dose reduced:		
		Reaction reappeared after re introduction:		
Was the patient admitted to hospital? If yes, give name and address of hospital				
Is any follow up required:				

7. Laboratory investigations done, which provides suspicion of drug involvement :

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8. Please tick, if the patient is suffering with any chronic disorders :

Hepatic	Renal	Cardiac	Diabetes	Malnutrition	Any Others
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9. Whether history of allergy / Drug reactions exists:

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10. Identity of the reporter :

Type (please tick):	Nurse / Doctor / Pharmacist / Health worker / Patient / Manufacturer / Distributor / Supplier / Any others (please specify)
Name :	
Address :	
Telephone / E mail if any :	

Signature of the reporter:

Date:

Please send the completed form to:

Name & address of the
RPC-ASU / PPC-ASU :

The centre from where the form is received or
To The Coordinator
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
Website : www.ayurveduniversity.com, Email: nprcasu@gmail.com

Who Can Report? :

- Any Health care professionals including, ASU Doctors / Dentists / Nurse / Pharmacists etc.

What to Report? :

- All suspected adverse reactions, Lack of effects, Resistance, Drug interactions, Dependence and Abuse

Where to Report ?

- Peripheral Pharmacovigilance Centre or Regional Pharmacovigilance Centre or National Pharmacovigilance Centre

Confidentiality:

- The patient's identity will be held in strict confidence and protected to the fullest extent. Programme staff will not disclose the reporter's identity in response to a request from the public.
- Submission of report doesn't constitute an admission that, medical personnel or manufacturers or the product caused or contributed to the reaction.