



ConSERF

CONSUMER SIDE EFFECT REPORTING FORM NATIONAL CENTRE FOR ADVERSE DRUG REACTIONS MONITORING Help us make medicines safer



Please fill in all sections marked with * and give as much other information as you can.
All personal data will remain **confidential**.

Report No. (for official use):

Information about the person who had the side effect

Reporter details

Name : _____ Nationality: Malaysian Other: _____ Date of report: DD/MM/YY

*Gender: Male Female *Ethnicity: Malay Chinese
Reporter's name: _____

*Age : _____ Indian Other: _____ *Tel. Number : _____

*Any health problems / allergies / pregnancy? (please specify): _____
*Email address: _____

E.g.: Diabetes, high blood pressure, asthma, allergy to painkiller, or 16 weeks pregnant

Information about the medication(s) suspected to cause the side effect, and other medications

*Suspected Medicine(s): (please attach additional sheets if necessary)

Suspected medicine name (include MAL number if known)	Dosage (e.g. 250mg three times daily)	Dates:		Reason for use
		Started	Stopped	
		DD/MM/YY	DD/MM/YY	

*Were any other medicines taken at the same time?: Yes (please give the details below) No

Other medicine(s) name (include MAL number if known)	Dosage (e.g. 250mg three times daily)	Dates:		Reason for use
		Started	Stopped	
		DD/MM/YY	DD/MM/YY	

Information on the side effect(s)

1. * Date of side effect(s): a) Reaction started on b) Reaction subsided on

2. * Please describe the side effect(s) experienced:

3. * How long was the medication(s) taken before the side effect appeared? minutes/hours/days/months/years (choose)

4. * Did the side effect subside when the medication(s) was **stopped**? Yes No Did not stop taking the medicine

5. * Did the side effect reappear when the medication(s) was **taken again**? Yes No Did not take again

6. * How **serious** was the side effect? (select all that apply below)

Mild or slightly uncomfortable Had to seek medical advice Admitted to the hospital
 Uncomfortable but could carry out daily activities Bad, interferes with daily activities Other: _____

7. * Was any **treatment given**/ medication taken to overcome the side effect? Yes (please specify) No

8. * What is the **current outcome** of the side effect?
 Fully recovered Getting better Side effects continuing Caused death

Thank you for reporting

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If you think you have a side effect to your medicine, please seek advice from your pharmacist or doctor.

What is ConSERF?

- This form is used to report a suspected side effect to any medicine or vaccine (including prescription, over-the-counter, or traditional products, health supplements, etc.).
- A side effect (or adverse drug reaction – ADR) is defined as any unintended effect of a medicine which occurs at the normal dose used.
- Please report any side effect you find troubling, even if you are not certain it is due to the medicine or vaccine.
- Your identity and the information provided will be kept confidential.

Why report a side effect?

- This will help improve the safe use of medicines
- This may identify new side effects of a medicine

Every report will be analysed and entered into the Malaysian and World Health Organisation (WHO) databases of medication side effects.

How to report?

- Obtain this form from your local pharmacist or from our website (<http://npra.moh.gov.my> --> Consumers). Please complete as many sections as possible to ensure your report is useful. Consult your pharmacist for assistance.
- Please return the form to your pharmacist to be sent to us, submit online, or post/ email directly to us.
- Please provide your contact details to allow us to obtain further information about your report if necessary.

Questions or comments?

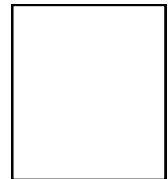
Contact us::

National Pharmaceutical Regulatory Agency
Ministry of Health Malaysia
Email: fv@npra.gov.my | Website: www.npra.gov.my

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ConSERF
Consumer Side Effect Reporting Form

Bahagian Regulatori Farmasi Negara (NPRA)
Kementerian Kesihatan Malaysia



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BAHAGIAN REGULATORI FARMASI NEGARA (NPRA)
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