



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: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese	Reporter's name:
*Age :	<input type="checkbox"/> Indian <input type="checkbox"/> Other: _____	*Tel. Number :
*Any health problems / allergies / pregnancy? (please specify):		*Email address:
<i>E.g.: Diabetes, high blood pressure, asthma, allergy to painkiller, or 16 weeks pregnant</i>		

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 <i>(include MAL number if known)</i>	Dosage <i>(e.g. 250mg three times daily)</i>	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 <i>(include MAL number if known)</i>	Dosage <i>(e.g. 250mg three times daily)</i>	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 D D M M Y Y b) Reaction subsided on D D M M Y Y

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)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Mild or slightly uncomfortable | <input type="checkbox"/> Had to seek medical advice | <input type="checkbox"/> Admitted to the hospital |
| <input type="checkbox"/> Uncomfortable but could carry out daily activities | <input type="checkbox"/> Bad, interferes with daily activities | <input type="checkbox"/> 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?

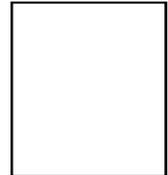
Contact us::

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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PUSAT PEMONITORAN KESAN ADVERS UBAT KEBANGSAAN
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