

REPORT ON SUSPECTED ADVERSE DRUG REACTIONS

NATIONAL CENTRE FOR ADVERSE DRUG REACTIONS MONITORING

www.bpfk.gov.my

(Please report **all** suspected drug reactions including those for vaccines and traditional medicines. Do not hesitate to report if some details are not known. Identities of Reporter, Patient and Institution will remain **Confidential**.)

REPORT No (for official use only)

PATIENT INFORMATION

R/N or Initials	Age	Sex	Wt (kg)	Ethnic Group	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADVERSE REACTION DESCRIPTION

<input type="text"/>

Time to onset of reaction : Date of reaction : Date end of reaction :

Reaction subsided after stopping drug / reducing dose : Yes No Unknown

Reaction reappeared after reintroducing drug : Yes No Not applicable

Extent of Reaction : Mild Moderate Severe

Treatment of adverse reaction :

Outcome Recovered Not yet recovered Unknown Fatal - Date of death :

Drug Reactions Relationship : Certain Probable Possible Unlikely Unclassifiable

Suspected Drug :

Product/Generic Name	Dosage Given	MAL and Batch No.	Therapy Dates		Indication
			Start	Stop	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Concomitant Drug:

Product/Generic Name	Dosage Given	MAL and Batch No.	Therapy Dates		Indication
			Start	Stop	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please attach further papers if necessary

Relevant Investigations / Laboratory Data	Relevant Medical History
<input type="text"/>	<input type="text"/>

Reporter

Name : Address :

Designation : Tel No :

Email Address : Date of Report : Signature :

Submission of a report does not constitute an admission that medical personnel or the products caused or contributed to the reaction. Thank you for reporting.

BAYARAN POS
AKAN DIBAYAR
OLEH PEMEGANG
PERMIT

SETEM POS TIDAK
PERLU JIKA
DIPOSKAN DI DALAM
MALAYSIA

**SAMPUL LIPAT JAWAPAN PERNIAGAAN
NO. PERMIT SEL 0259**

**PUSAT PEMONITORAN KESAN ADVERS
UBAT KEBANGSAAN
BIRO PENGAWALAN FARMASEUTIKAL KEBANGSAAN
PETI SURAT 319, JALAN SULTAN,
46730 PETALING JAYA**

PROGRAM PEMONITORAN
KESAN ADVERS UBAT
KEMENTERIAN KESIHATAN MALAYSIA

Nama dan alamat pengirim

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Sila basahkan gam dan lipat. Tekan beberapa saat dan pastikan pelekatan adalah memuatkan.

Lipat di sini → ← Lipat di sini