



Central Administration of Pharmaceutical Affairs (CAPA)  
Egyptian Pharmacovigilance Center (EPVC)

# Adverse Drug Reactions Reporting Form

\* If you suspect that an adverse reaction may be related to a certain drug, or a combination of drugs, you should complete this form and send it to the address shown at the end of the card.

\* Please report all serious and minor adverse reactions.

## A – Patient Details

Name/ initials: \_\_\_\_\_ Sex:  Male  Female Weight: \_\_\_\_\_kg Age: \_\_\_\_\_  
(Optional)

## B – Suspected Drug(s)

Drug Name (Generic & trade)	Concentration	Used for	Dose	Route	Date started	Date stopped
• _____	_____	_____	_____	_____	_____	_____
• _____	_____	_____	_____	_____	_____	_____
• _____	_____	_____	_____	_____	_____	_____

## C – Suspected Reaction(s)

• Please describe the reaction(s): \_\_\_\_\_

• Date reaction(s) started: \_\_\_\_\_ Date reactions(s) stopped: \_\_\_\_\_

• Does the Reaction Stopped after stopping the drug?  Yes  No  Don't Know

• Does the Reaction Reappear after retaking the drug?  Yes  No  Don't Know

• Seriousness of ADR:  Patient Died  Life threatening  Hospitalization  
 Prolonged Hospitalization  Congenital Anomaly  Permanent Disability  
 Required intervention to prevent Damage  Other, specify \_\_\_\_\_

**D – List of other drugs taken** (Please list any other drugs taken during the last month prior to the reaction- *other than the suspected drug/s*)

Drug Name (Generic & trade)	Concentration	Used for	Dose	Route	Date started	Date stopped
• _____	_____	_____	_____	_____	_____	_____
• _____	_____	_____	_____	_____	_____	_____
• _____	_____	_____	_____	_____	_____	_____

**E – Reporter Details**

The One who fill in this form:  Patient  Physician  Pharmacist  Nurse  Other, specify \_\_\_\_\_

Name: \_\_\_\_\_ Specialty (if physician): \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_ Telephone/ mobile : \_\_\_\_\_

Signature: \_\_\_\_\_ Date of reporting: \_\_\_\_\_

- The information in this report is confidential and totally protected including both the Patient and Reporter identity.
- You can send voluntarily the Adverse Drug Reactions (ADRs) Reports to the Egyptian Pharmacovigilance Center.
- Reporting for ADRs is Vital for Safely usage of drugs . Enough information will help the Center to evaluate the Safety of the Drugs marketed in our Country.

**Central Administration of Pharmaceutical Affairs (CAPA)**

**Egyptian Pharmacovigilance Center (EPVC)**

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