ALRAI Pharmaceutical Industry	***ALRAI Pharmaceutical Industries Co. (L.L.C)***	Form No.:**PV-FRM-0006** Revision No.: **0**
Pharmacovigilance	**Adverse Drug Reaction (ADR) Reporting Form**	Page: **1 of 1**

1- PRODUCT USER INFORMATION

Patient Initial	Gender	Age	Weight	Height	Pregnancy?
	☐ Male ☐ Female				☐ No ☐ Yes, week…….

2- SUSPECTED PRODUCT INFORMATION

Generic Name	Scientific Name	Daily Dose	Indication	Batch Number	Date	
					From	To

3- ADVERSE EVENT INFORMATION

Adverse Event Onset Date	Describe the Reaction

Tick appropriate box with reference to the adverse drug reaction (if applicable):

☐ Require hospitalization ☐ Prolonged hospitalization ☐ Death, date……
☐ Life threatening ☐ Congenital anomaly ☐ Permanent disability
☐ Required intervention to prevent permanent impairment / damage ☐ Other……

Did Reaction Disappear?	Patient Status
☐ Yes ☐ No ☐ Don't Know	☐ Recovered ☐ Recovering ☐ Not recovered ☐ Unknown

4- CONCOMITANT DRUGS AND MEDICAL HISTORY

Concomitant drugs (exclude drugs used to treat reaction) and medical history any diseases that the patient has (for example: Diabetes, Hypertension, etc...)

Drug Name	Daily Dose	Indication	Date	
			From	To

5- REPORTER'S INFORMATION

Name	Phone / Mobile	Email	Address

Date	Report Source
	☐ Patient ☐ Doctor ☐ Pharmacist ☐ Other……

6- FOR PHARMACOVIGILANCE DEPARTMENT

Case Tarcker No.	Receiving Date / Sign	Notes
ICSR / /		