# Report Adverse Events

## Information notifier

Name

Function

Email address

Telephone number

## Patient information

Name (or initials)

Sex

Date of birth (or age)

Medical record or history of medication (if necessary)

# Report Adverse Events

## Medication

Name of the suspect product

Marketing Authorisation Holder

Indication(s) for use

Dosage

Start date of product

Stop date of product (if applicable)

## Adverse Event

Description of the AE

Treatment (if applicable)

Start date of the AE

Stop date of the AE (if applicable)

Current patient status Please select

Concomitant medication
(including indication and dosage)

*To be completed by the reporter:*
Causality assessment Please select