



**Drug Safety Monitoring Programme
Pharmacy Board of Sierra Leone
Ministry of Health And Sanitation**

Suspected Adverse Drug Reaction Reporting Form

No:.....

1. Patient Details

Last Name :	Sex:
Other Name (s) :	Age (Years):
Address :	
Inpatient/Outpatient Number :	Weight (kg):
Hospital/Treatment Centre:	

2. Suspected Drugs/Products

Brand Name:	Strength	Generic Name:	Batch No (if any)	Man. Date	Expiry Date
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3. Name and Address of Manufacturer.

Therapeutic indication (Reason for Use)	Daily dose	Route	Date started	Date stopped
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4. Drugs taken Concomitantly

All concomitant drugs including herbal preparations

Brand or Generic Name	Daily dosage	Route	Date started	Date stopped	Reasons for use
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COMMENTS: (e.g. Relevant history, Allergies, Previous exposure, Baseline test results/laboratory data).
Add separate sheet if necessary.

5. Source of Drug

Prescribed? Yes No Obtained over the counter? Yes No

Hospital Pharmacy/Health Center <input type="checkbox"/>	Community Pharmacy OR Drug Store <input type="checkbox"/>	Patent Medicine Shop <input type="checkbox"/>	Herbalist/Traditional Healer <input type="checkbox"/>	Relative /Friend / street vendor <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
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6. Details of reaction experienced by the patient (Please Describe)

(Use separate sheet if necessary)

Date / time reaction started:	Date / Time reaction stopped:	Was patient admitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Duration of admission (hours)
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7. Adverse Reaction Outcome		(Tick all that apply)	
<input type="checkbox"/> Death	<input type="checkbox"/> Life threatening	Event reappeared on rechallenge: Yes <input type="checkbox"/> No <input type="checkbox"/>	Recovered Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Disability	<input type="checkbox"/> Hospitalization	Rechallenge not done: Yes <input type="checkbox"/> No <input type="checkbox"/>	Recovered With sequelae Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Congenital anomaly	<input type="checkbox"/> Other	Treatment (of Reaction).....	Describe Sequelae.....
			Reaction Continuing Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Product Quality Complains						
Brand or Generic Name	Batch No.	Dosage form & Strength	Mfg. date	Expiry Date	Pack Size	Type of Container

9. Causality Assessment					
Certain <input type="checkbox"/>	Probably/Likely <input type="checkbox"/>	Possible <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Unclassified <input type="checkbox"/>	

10. Health Care Professional/Reporter Detail					
Doctor <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Nurse <input type="checkbox"/>	CHO <input type="checkbox"/>	Other <input type="checkbox"/> (Specify)	
	Pharm. Tech <input type="checkbox"/>				
Name:		Fax:			
Address:		Telephone:		Mobile:	
Email:		Date:		Signature:	

For all questions relating to actual or suspected Adverse Drug Reactions, please call The Pharmacy Board, Drug Information And Pharmacovigilance Unit during working hours on 225983 / 228497 or email us on infopharm_pbsl@yahoo.com. Please return this form to The Pharmacy Board of Sierra Leone 64 Siaka Steven Street Freetown PMB 322. Fax 224526, OR to any of the Regional Offices in BO, Mobile: 076-680-321, KENEMA, Mobile: 076-660-966, KONO, Mobile: 076-713-946, MAKENI, Mobile: 076-697-227 OR KAILAHUN, Mobile: 076-685-690
For further information please visit our website at www.pharmbdsi.org

(Please note this report does not constitute an admission that the reporting medical professional or the suspected product caused or contributed to the event)

ADVICE ABOUT VOLUNTARY REPORTING

Report adverse experiences with:

- ❖ Medications (Drugs and Biologicals)
- ❖ Medical devices (including in-vitro diagnostics)
- ❖ Traditional and herbal remedies
- ❖ Cosmetics.
- ❖ Nutritional Agents

Report Product Quality Problems such as:

- ❖ Suspected contamination
- ❖ Questionable stability
- ❖ Defective components
- ❖ Poor packaging or labelling
- ❖ Therapeutic failure

Report even if:

- ❖ You're not certain the product caused the event
- ❖ You don't have all the details

Confidentiality: Identities of the reporter and patient will remain strictly confidential.

Your support of the Drug Safety Monitoring Programme is much appreciated. Information provided by you will contribute to the improvement of drug therapy in Sierra Leone.