The information provided in this form will be forwarded to Pharmacovigilance department for follow-up. You are requested to cooperate with the officials when they contact you for more details. Please do report if you do not have all the information.
**Instructions to Complete the Reporting Form**

**Section 1 - Patient Details**
- In patient initial, write first letter of the name and first letter of the surname (e.g. Pradeep Sharma-PS).
- Provide personal information (Gender, Age).

**Section 2 - Health Information**
- Provide reason(s) for taking medicines and medicines advised by (Doctor, Pharmacists, Friends/ Relatives and Self).

**Section 3 - Details of Person Reporting the Side Effect**
- Provide the name (optional), address; telephone no. and email are necessary to assess the report.

**Section 4 - Details of the Medicines Taking/Taken**
- Give all details about the Medicines (Name of Medicines, Quantity of Medicines taken, Expiry Date, start and stop date of Medicines) that have caused side effect.
- Please provide Dosage form (Tablets, Capsule, injections, Oral liquid) and if others please specify.

**Section 5 - About the Side Effect**
- Provide side effect start and stop dates and also specify whether the side effect is still continuing.

**Section 6 - How bad was the Side Effect**
- Please tick marks the appropriate boxes that apply.

**Section 7 - Describe the Side Effect**
- Please describe the details of side effect and what treatment was taken to manage the side effect.