

Form adverse events Dopharma



This form has been developed in order to support the reporting of adverse events. Although anyone can report an adverse event, it is preferable that this form is completed by a veterinarian.

Please complete all the questions on this form if possible. The more detailed the information provided is, the more accurate our assessment of the case will be. If currently not all information is available to you, please still submit this form. The missing details can always be added at a later date.

For any questions regarding this form or regarding pharmacovigilance in general, please feel free to contact Dopharma Iberia S.L.

Contact details

Dopharma Iberia S.L.

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1. Type of adverse event

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2. Reporter / Veterinarian

Name	
Name practice	
Address	
Postal code, city	
Country	
Phone number	
Mobile phone number	
E-mail	

3. Animal owner / Farmer

Name	
Address	
Postal code, city	
Country	
Phone number	

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4. Administered drug(s)

In case of more than 3 administered drugs please use a second form

	Product 1	Product 2	Product 3
Name of product			
Marketing authorisation number			
Batch number			
Expiry date			
Administration route			
Administration site			
Dosage			
Dosage interval			
Treatment start date & time			
Treatment end date & time			
Administered by			

5. Animal(s) involved

Species	
Breed	
Gender	
Age	
Bodyweight	
Status	
General health status	

6. The adverse event

Date and time of onset of reaction	
End date and time of reaction	
Number of treated animals	
Number of affected animals	
Number of recovered animals	
Number of dead animals	

7. Narrative

8. Additional questions

What was the indication for treatment?	
What were the symptoms?	
Were any further diagnostics performed?	
If yes: What kind?	
What were the results? (These can be added as an appendix)	
Are there any health problems/issues that might play a significant role?	
If yes: Which?	
Was the adverse event treated?	
If yes: How, when and with which result?	
Have these animals been treated with this product before?	
If yes: Were there any events on those occasions?	

9. Adverse event report

To whom have you reported this case? (Multiple answers possible)	
Do you have objections against having your initials and first two digits of your postal code linked to this case in the European database for adverse events?	