MINISTRY OF HEALTH AND MEDICAL SERVICES

(SUSPECTED) ADVERSE DRUG REACTION FORM

I. PARTICULARS OF PATIENT**

Name/ NHN: _____ Age/ DOB: _____ Weight: _____ Sex: ☐M ☐F

II. DETAILS OF SUSPECTED ADVERSE REACTION**

Reaction Start Date:	Reaction End Date:	Relevant Medical History/ Drug History:
Reaction Start Time:	Reaction End Time:	
Description of Reaction:		Serious Reaction: ☐ No ☐ Yes, please specify below: ☐ Life-threatening ☐ Congenital anomaly ☐ Hospitalization/ Prolonged ☐ Disabling ☐ Death ☐ Other medically important condition
		Outcome of Reaction: ☐Not Recovered ☐Recovered ☐Recovered with Sequelae ☐Unknown ☐ Fatal – Date of Death: _____

III. SUSPECTED MEDICINES USED (Including Diluent) **

Name (Brand/ Generic)	Manufacturer	Batch/ Lot No.	Expiry Date	Dose	Route	Frequency	Therapy Dates		Indication/ Rationale
							Start	Stop	

IV. MANAGEMENT OF ADVERSE REACTION (as per above)

Treatment of Reaction: ☐ No ☐ Yes, please specify:	Reaction subsided after stopping the suspected drug/ reducing the dose: ☐ Yes ☐ No ☐Unknown
	Reaction reappeared after reintroducing the drug: ☐ Yes ☐ No ☐ Unknown

V. CONCOMITANT MEDICAL PRODUCT (include Over-the-Counter medicines and herbal medicines)

Name (Brand/ Generic)	Dose	Route	Frequency	Therapy Dates		Indication/ Rationale
				Start	Stop	

VI. REPORTER DETAILS**

Reporting Person Name: _____ Signature: _____

Designation: ☐ Physician ☐ Pharmacist ☐ Nurse ☐ Other Date: _____

Email: _____ Contact No: _____

Confidentiality: The patient's identity is held in strict confidence and fully protected. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction. Submission of an ADR report does not have any legal implication on the reporter.

**** Mandatory Fields**

Please send the completed form as soon as possible to: FijiMRA@health.gov.fj or to fijiadrs@gmail.com or to Viber/ Whatsapp# 9888076, or to *The Pharmacovigilance Officer*, *Medicines Regulatory Authority*, *Fiji Pharmaceutical & Biomedical Service Centre*, *GPO Box 106, Suva*.