FRESENIUS KABI

Adverse Drug Reaction Report

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Patient

Initials | Date of Birth | Age/Age Group

Gender | Pregnancy (week)

☐ f ☐ m

Weight: kg Height: cm

Adverse Reaction

Start date: | Stop date: | Duration

Drugs (Trade name or active substance / dosage form/ Batch.-No.)	Application	Dosage	Duration of treatment		Indication
			start	end	
1					
2					
3					
4					

Suspected causality with drug No. ☐ 1 ☐ 2 ☐ 3 ☐ 4 Please tick at least one drug

Medical History and other characteristics
(e.g. underlying and concomitant diseases, other drugs, allergies, smoking, alcohol, liver-/renal deterioration

Relevant Investigations and Laboratory Data (with date and normal range)

Measures and treatment of adverse reaction

Seriousness Criteria of Reaction

☐ Death (autopsy: ☐ yes ☐ no)
☐ life threatening
☐ hospitalization or prolonged hospitalization
☐ permanent injury or disability
☐ important medical event

Outcome of Reaction

☐ unknown
☐ complete recovery
☐ recovered with sequelae
☐ not yet recovered
☐ recovering

Treatment discontinued due to Adverse Reaction

☐ yes ☐ no ☐ no data

Improvement after discontinuation

☐ yes ☐ no ☐ no data

Reappearance after re-challenge

☐ yes ☐ no ☐ no data

In cases of serious Adverse Reactions, it may be helpful to **attach doctor and/or hospital discharge letter**.

Reporter's Name: | Date:

Address / Institution:

Phone number:

E-Mail: | Signature