Alfasan INTERNATIONAL

Adverse event reporting form

Report information is related to	Name and address of sender	Animal owner
	☐ Veterinarian ☐ Pharmacist ☐ Other Telephone:	*(taking into account the GDPR)*

Patients	☐ Animal(s)	☐ Human *(please state below only age and gender)*				
Species	Breed	Sex	Status	Health status	Age	Weight
Reason for treatment/diagnosis:						

Veterinary medicinal products administered in connection with the report *(if more than 3 products are administered concorrently, please use a second form)*			
Name of the veterinary medicinal product (VMP) administered	**1**	**2**	**3**
Pharmaceutical form and strength			
Marketing Authorisation number			
Batch number			
Expiry date			
Administration route			
Dose / Frequency			
Treatment duration / Exposure			
Start date			
End date			
Off label use			
Who administered the VMP?			
Do you think the reaction is due to this product?			

Continue >

Date of onset signs	Time between administration and event *(in minutes, hours or days)*	Number of animals treated	Duration of reaction *(in minutes, hours or days)*
		Number of animals reacted	
		Number of animals dead	

Description of the event
Safety issue in animals / Safety issue in humans / Lack of expected efficacy / Withdrawal period issues / Environmental problems - Please describe:
Has the reaction been treated, how and with what and with what result?

Other relevant data *(Any appendices, for example laboratory results, section reports)*

Human reaction *(If the report relates to a reaction in humans, please also fill in the information below)*

☐ Contact with treated animal

☐ Oral ingestion

☐ Topical exposure

☐ Ocular exposure

☐ Injection exposure ☐ finger ☐ hand ☐ joint ☐ other

☐ Other (deliberate)

Quantity / dose of relevant veterinary medicinal product:

Date:	Place:	Name and signature:

Contact point (telephone number) *(if different from information on page 1)*

Please send to Alfasan International BV: pharmacovigilance@alfasan.nl