INGA LABORATORIES PRIVATE LIMITED



ADVERSE EVENT REPORTING FORM

A. PATIENT INFORMATION

Patients Initials	:			Date :					
Country :									
	REPORT TY	YPE:] Initial	Initial [] Follow up					
Date of Birth	Age	Race	Sex	Height	Weight	Onset Date	Recovery Date		
DD/MM/YYY			[] Male			DD/MM/YYY	DD/MM/YYY		
			[] Female						
B. ADVERSE EVENT INFORMATION									
Description of A	nts :	Seriousne	ess criteria						
	Check all	Check all appropriate to event							
	[] Patie	[] Patient died							
	[] Invol	[] Involved or prolonged inpatient hospitalization							
	[] Invol	[] Involved persistent or significant disability or incapacity							
	[] Life t	[] Life threatening							
	[] Cong	[] Congenital anomaly / birth defect							
	[] Othe	[] Other significant medical events							
History:				Test / Laboratories findings (enter only those findings necessary for AE diagnosis or course description)					
Patient's Relevant Medical History (e.g. co-existing medical conditions such as disease, allergies, similar experience)			_	-		·			

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[] Probable

[] Possible



				C. DR	UG INF	ORIV	IATION		
Product Name		Brand Name							
		Generic Name							
Therapy Dates		From							
		То							
Manufacturer									
Batch / Lot Number									
Expiry Date									
Dose									
Route of use									
Frequency									
Indication									
				D COI	COMIT	ΔΝΤ	DRUGS		
Drug	Name	(s)		<u> </u>		rapy Dates			
Drug Name		-	Dose		From	To		Reason for Use	
Brand Name	Gen	eric Name	2030		(DD/MM/YYYY		D/MM/YYYY)		
					<u> </u>		•		
ACTION TAKEN WITH SUSPECT DRUG (mark all as appropriate)									
[] No Action Taken			[] Withdrawn			[] Treatment taken			
Did Reaction Disappear After Stopping of Drug ? Did Rea						action Reappeared After Restarting of Drug?			
[] Yes [] No				[] Yes			[] No		
						h Amaliaahla []] []			
[] Not Applicable [] Unknown [] Not A						Applicable [] Unknown			
OUTCOME OF THE PATIENT / AE									
[] Completely Recovered Date of						[] Condition still present and unchanged			
recov				overy					
[] Recovered with sequelae						[] Condition deteriorated			
[] Condition improving						[] Death Autopsy			
						[] N	lo	[] Yes	
ASSESSMENT OF CAUSALITY									

[] Not Related

[] Unknown

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E. REPORTER'S INFORMATION					
Name :	Date of this Report				
Address:	DD/MM/YYYY				
Tel. No. :					
Email :					
	[] HCP				
	[] CONSUMER				
	[]OTHER				
	Signature				
	Senders Contact Details :				
	Inga Laboratories Private Limited				
	Mahakali Road, Andheri East,				
	Mumbai 400 093, INDIA.				
	Tel.: 91-22 2820 2932 / 33, Fax: 91-22 2836 4049				
	E-mail: medicalservices@ingalabs.com				