PHARMACOVIGILANCE UNIT: ADVERSE EVENT REPORTING FORM

This form should be completed in BLOCK LETTERS and sent to the FREEPOST address above whenever a suspected adverse reaction or lack of efficacy is observed in animals during or after the use of a veterinary medicine. Adverse reactions in animals following use of human medicines under the cascade can also be reported. 

Be green, report online! Search for VMD on GOV.UK and click on Report an adverse event.

All Reporters MUST complete this section

Name and address of the person sending this form to the VMD

Name of product

Product number (on label)*  Batch number (on label)

*The product number is preceded by Vm or EU

We ask for contact details so we can get in touch if more information is needed. Your contact details will be kept confidential and will not be passed on to anyone outside the VMD without your permission. While the VMD publishes information derived from these reports, it never includes the personal details of the people who made the reports. If you do not want us to contact you, please tick this box.

Has the product manufacturer been informed?  YES □  NO □

Your reference (if any)

Postcode:

Details of animal suspected adverse events(s)

No. of animals treated on this occasion  □  No. of animals reacting or not responding  □  No. of deaths  □  Amount of product administered  □

Administered by (e.g. vet, owner)  □  Date administration started  □  Duration of administration  □

Site and route of administration

Previous use of product in this animal(s)  YES □  NO □  Previous reaction / lack of efficacy to product by this animal(s)  YES □  NO □

Date reaction / lack of efficacy observed  □  Species/Breed  □  Weight kg  □  Age  □  Sex( M/F)  □  Nature of reaction / lack of efficacy. Include time of onset and duration of symptoms. Continue on a separate sheet if needed

Details of any products given concurrently, including when they were given

Immediate treatment given (if any) and has animal recovered?

Previous vaccination history (if immunological product involved)

Reason for using product being reported.

Post mortem and/or laboratory tests:

Have any post mortems or relevant diagnostic tests been performed?  YES □  NO □

If YES, please attach copies or forward to VMD in due course.

Comments:

If you have any comments or further information, please continue on a separate sheet.

Receipt of this form will be acknowledged.