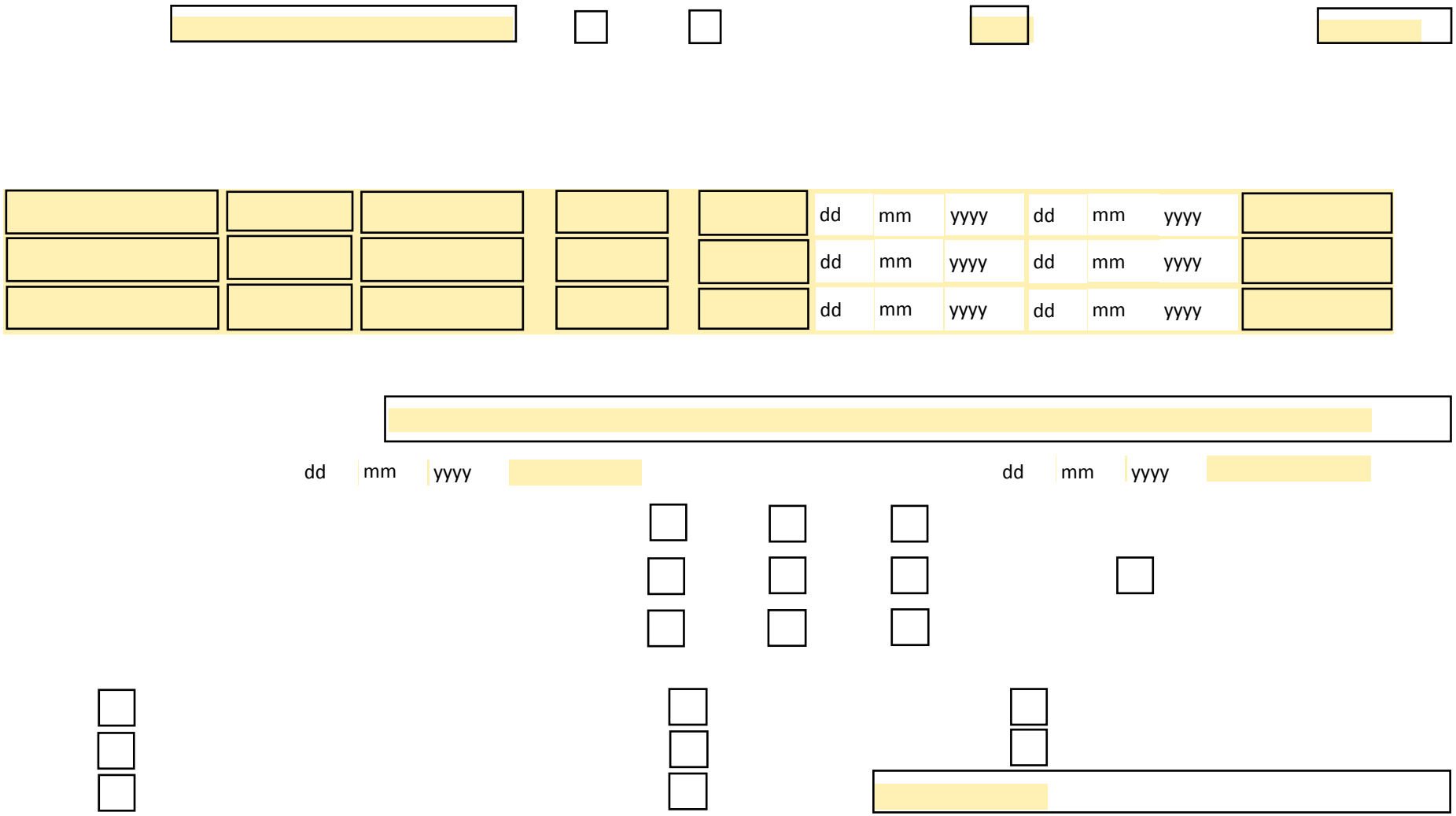
dd mm yyyy dd mm yyyy
dd mm yyyy dd mm yyyy
dd mm yyyy dd mm yyyy
dd mm yyyy
dd mm yyyy

D – List of other drugs taken (Please list any other drugs taken during the last month prior to the reaction- *other than the suspected drug/s*)

Drug Name (Generic & trade)	Concentration	Used for	Dose	Route	Date started	Date stopped	Batch number
					dd mm yyyy	dd mm yyyy	
					dd mm yyyy	dd mm yyyy	
					dd mm yyyy	dd mm yyyy	

E – Reporter Details

The One who fill in this form: ☐ Patient ☐ Physician ☐ Pharmacist ☐ Nurse ☐ Other, specify

Name: Specialty *(if physician)*:

Address:

e-mail: Telephone/ mobile :

Signature: Date of reporting: dd mm yyyy

F- Any More Comments:

- *The information in this report is confidential and totally protected including both the Patient and Reporter identity.*
- *You can send voluntarily the Adverse Drug Reactions (ADRs) Reports to the Egyptian Pharmaceutical Vigilance Center as per the contact details below.*
- *Reporting for ADRs is Vital for Safely usage of drugs . Enough information will help the Center to evaluate the Safety of the Drugs marketed in our Country.*

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