



Egyptian Pharmaceutical Vigilance Center
Human Pharmacovigilance Department

Adverse Drug Reactions Reporting Form

** If you suspect that an adverse reaction may be related to a certain drug, or a combination of drugs, you should complete this form and send it to the address shown at the end of the card.*

** Please report all serious and minor adverse reactions.*

A – Patient Details

Name/ initials: ----- Sex: Male Female Weight:-----kg Age/age group:-----
(Optional)

B – Suspected Drug(s)

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

C – Suspected Reaction(s)

- Please describe the reaction(s): -----
- Date reaction(s) started: ----- Date reactions(s) stopped: -----
- Did the Reaction Stop after stopping the drug? Yes No Don't Know
- Did the Reaction Reappear after retaking the drug? Yes No Don't Know Did not retake the drug
- Was the reaction serious (based on the reasons below)? Yes No Don't Know

If yes (serious), specify one or more :

- Patient Died Life threatening Hospitalization
- Prolonged Hospitalization Congenital Anomaly Permanent Disability
- Required intervention to prevent Damage Other, specify -----

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 <i>(Generic & trade)</i>	Concentration	Used for	Dose	Route	Date started	Date stopped	Batch number
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

E – Reporter Details

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

Name: _____ Specialty *(if physician)*: _____

Professional address(institution/ clinic): _____

e-mail: _____ Telephone/ mobile : _____

Signature: _____ Date of reporting: _____

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.

Head quarter: Human Pharmacovigilance Department – Egyptian Pharmaceutical Vigilance Center (EPVC)- Egyptian Drug Authority (EDA)
21 Abd Elaziz Al Souad st. – Manial El-Roda – Cairo, PO Box: 11451
Tel: (+2)02 25354100/ (+2)02 23684288/ (+2)02 23648046/ (+2)02 23640368/ (+2)02 23648769
Extension (Tel):1303 **Extension (Fax):** 1300
Fax: +2 02 23684194
Website: www.epvc.gov.eg
e-mail: pv.center@eda.mohealth.gov.eg

- **Alexandria Regional Center:** San Stefano for Family Health Centre, 2 Elkazino st, El-Awkaf building, San Stefano , Alexandria
Tel-Fax: +2 03- 5845004 **e-mail:** alex.epvc@eda.mohealth.gov.eg
- **Cairo Regional Center:** Al-Azhar new specialized hospital 6th district Nasr City- Cairo
Tel: +2 01014300013 **e-mail:** cairo.epvc@eda.mohealth.gov.eg
- **Sohag Regional Center:** The old building of the Health Affairs Directorate- 2nd floor- next to the security directorate building- Nasser city- Sohag
Tel: +2 01126540893 **e-mail:** sohag.epvc@eda.mohealth.gov.eg