|  |
| --- |
| **PHARMACOVIGILANCE CENTRE**  **DEPT. OF PHARMACOLOGY, IGMC & RI, PUDUCHERRY-605009**  Ph: 0413-2277545 Extn : 3056 Email: [pharmacologyigmcri@gmail.com](mailto:pharmacologyigmcri@gmail.com) |
| **NOTIFICATION FORM FOR SUSPECTED ADVERSE DRUG REACTION** |
| Patient name………………………………….................................................. Age……………. Sex…….  I.P/O.P No ………………………………………………………………Unit/Dept……………………………………………………………. |
| Suspected drug(s)…………………………………………………………………………………………………………………………………  Concomitant Drugs………………………………………………………………………………………………………………………………..  Diagnosis……………………………………………………………………………………………………………………………………………….  Outcome: Fatal  Recovering  Recovered  Continuing  Others………………………………  Brief description of reaction…………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………….. |
| Reporter’s Name & Phone No………………………………………………………………………………………………………………….  Signature……………………………………………………………….…………..Date…………………………………………………………….. |
| **Please return this form to Dept. of Pharmacology, IGMC &RI as soon as possible.** |