Biologic Product Adverse Effect Documentation

Product Name	
Batch/Lot Number	
Patient Name/ID	
r auent Name/iD	
Date of Birth	
Gender	
Description of Adverse Effect	
Description of Adverse Effect	
Date of Onset	
Date of Resolution	
Relevant Medical History	
Concomitant Medications/Therapies	
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Action Taken / Management	
Action Taken / Management	
Outcome	
Reporter Name	
Reporter Contact	
Report Date	