

SUSAR Report Template

Reporter Information

Name

Contact

Institution

Patient Information

Age

Sex

Patient ID (if available)

Suspected Drug Information

Drug Name

Dose

Route

Treatment Dates

Adverse Reaction Details

Description

Onset Date

Outcome

Seriousness Criteria

Concomitant Medications

List Concomitant Medications

Relevant Medical History

Summary

Additional Information

Other Relevant Details
