Unexpected Adverse Event Initial Report Form

Reporter Information

Name

Position

Contact Information

Date Reported

Patient Information

Patient ID

Age

Gender

Relevant Medical History

Adverse Event Details

Event Date & Time

Description of Event

Severity

Action Taken

Outcome

Suspected Product/Drug Information

Product/Drug Name

Batch/Lot Number

Dose

Route of Administration

Date Started

Date Stopped (if applicable)

Other Relevant Information

Other Information