|  |  |
| --- | --- |
|  Adverse Event Form**Date received at MA department:**  | **No: ART** **Staff initials:**  |

|  |
| --- |
| **1. Reporter/Veterinarian**  |
| Date report: |       |
| Veterinary practise: |       |
| Name reporter: |       | Position:      |
| Address |       |
| City: |       |
| Phone number |       |
| **2. Animal** |
|  |       |
| Name patient (animal and last name owner): |       |
| Animal species/breed/gender: | Species:     Breed:     Gender:      |
| Age: |       |
| Weight: |       |
| Physical condition (neutered, in foal etc:) |       |
| Condition(relevant medical history): |       |
| **3. Used product in adverse event** |
| Name product: |       |
| Concentration (if applicable): |       |
| Batch no: |       |
| Expiry date: |       |
| Doses, frequency: | Dose:       [ ]  ml / [ ]  gr / [ ]  tabs / [ ]  caps / [ ]  chew *(mark what is applicable)* Frequency:     Administered by: [ ]  veterinarian / [ ]  owner :      [ ]  up dosing phase OR [ ]  maintenance phase |
| Date product used for the first time:(first dose in course administered) | Day:       Month:       Year:     If unknown please indicate how long the patient is on the product: approx.       year(s) and       months |
| Date & Time last administration: | **(dose that caused the onset of the adverse event):**Day:       Month:       Year:     Time:       Dose:       ml / gr / tabs / caps / chew  (mark what is applicable)  |
| Date and time onset adverse event: | Day:       Month:       Year:     Time event became visible:     (for example: 30 minutes after administration, or 2 days after administration) |
| Treatment continued after adverse event | [ ]  Yes, as usual [ ]  Yes, with dose reduction as follows: [ ]  No  |
| **4. Other drugs taken during the time of the adverse event (when applicable) and reason** |
| **YES** [ ]  **/ NO** [ ] **If yes, please specify below:** |
| Name drug: |       |  |
| Batch no: |       |  |
| Doses, frequency: |       |  |
| Date of administration: |       |  |
| Reason/indication: |       |  |
| **5. Data concerning side effects** |
| Adverse event in **keywords** |       |
| Narrative |       |
| Adverse reaction treated with:Date treated:      | [ ]  None[ ]  Dose reduction to      [ ]  Treatment stopped[ ]  Therapeutic intervention:       |
| Response to corrective treatment:  |       |
| Outcome of adverse event: Date of outcome:       | [ ]  Recovered: [ ]  Stabilized with rest symptoms Description of rest symptoms: [ ]  Death[ ]  Other: |
| **6. Narrative of treatment of adverse event. How and with which results?** |
|      Laboratory data available: [ ]  Yes (please provide) [ ]  No |
| **7. Do you think that the reaction was caused by Artuvetrin?** |
|  [ ]  probable [ ]  possible [ ]  unlikely [ ]  unassessable |
| **8. Other relevant history or information** |
|       |

**Signature reporter:** **Date:**