

CONCOMITANT DRUGS

DRUG NAME(S)		DOSE	THERAPY DATES		REASON FOR USE
Brand name	Generic Name		(from) DD/MM/YYYY	(To) DD/MM/YYYY	

ACTION TAKEN WITH SUSPECT DRUG (mark all as appropriate)

<input type="checkbox"/> No Action Taken	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Treatment taken
Did Reaction Disappear After Stopping of Drug? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Did Reaction Reappeared After Restarting of Drug? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown

OUTCOME OF THE PATIENT/AE

<input type="checkbox"/> Completely Recovered	Date of recovery: DD/MM/YYYY	<input type="checkbox"/> Condition still present and unchanged
<input type="checkbox"/> Recovered with sequelae		<input type="checkbox"/> Condition deteriorated
<input type="checkbox"/> Condition improving		<input type="checkbox"/> Death Autopsy: <input type="checkbox"/> No <input type="checkbox"/> Yes

ASSESSMENT OF CAUSALITY

Probable Possible Not Related Unknown

REPORTER'S INFORMATION :

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL OF REPORTER	DATE OF THIS REPORT DD/MM/YYYY
	<input type="checkbox"/> HCP <input type="checkbox"/> CONSUMER <input type="checkbox"/> OTHER
	Signature: Senders Contact details: Macleods Pharmaceuticals Limited Bldg No 95, Opp Suncity Hotel, Maheshwari Nagar, MIDC, Andheri (East), Mumbai - 400093, INDIA Email ID: safety@macleodspharma.com India Toll Free : 1-800-267-1222