



## 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)

No Action Taken
  Withdrawn
  Treatment taken

Did Reaction Disappear After Stopping of Drug?

Yes
  No
  Not Applicable
  Unknown

Did Reaction Reappeared After Restarting of Drug?

Yes
  No
  Not Applicable
  Unknown

## OUTCOME OF THE PATIENT/AE

Completely Recovered
  Condition still present and unchanged

Recovered with sequelae
  Condition deteriorated

Condition improving
  Death
 Autopsy:  No  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

HCP
  CONSUMER
  OTHER

Signature:

## Senders Contact details:

USA Direct Line : 1-855-926-3384 (Time 09:00 AM To 05:00 PM CDT From Monday To Friday)

USA Toll Free : 1-888-943-3210 (This is a voice message service. We will respond to voice mail within 24 hours from Monday to Friday, 9 am to 5 pm CDT)

Email : [safety@macleodspharma.com](mailto:safety@macleodspharma.com)