

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 Withdrawn		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?			Did Reaction Reappeared After Restarting of Drug?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown			<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					
<input type="checkbox"/> Probable <input type="checkbox"/> Possible <input type="checkbox"/> Not Related <input type="checkbox"/> 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 Ltd., R&D V, Plot No-19, Road No - 09, Marol Industrial Area, Andheri (E), Mumbai - 400093, INDIA Email ID: safety@macleodspharma.com India Toll Free : 1-800-267-1222		