STATE OF KUWAIT
MINISTRY OF HEALTH
Drug & Food Control
Pharmaceutical & Herbal Medicines
Registration & Control Admn.

دولة الكويت
وزارة الصحة
الرقابة الدوائية والغذائية
إدارة تسجيل ومراقبة
الأدوية الطبية والنباتية

# Report of Suspected Adverse Drug Reaction and Medical Related Problem

**1- Patient information:**

| | | |
|---|---|---|
| Name or initials: | | Age: |
| Weight: Kg. | Height: Cm | Sex: ☐ Male ☐ Female |

**2- Suspected drug used**

| Drug name (generic & brand) | Batch number if known | Dose/route/frequency | Date started | Date stopped | Indication |
|---|---|---|---|---|---|
| | | | | | |

**3- other drugs taken in the last 3 months prior to the reaction, including OTC products and herbal medicines**

| Drug name (generic & brand) | route | Dosage | Date started | Date stopped | Indication |
|---|---|---|---|---|---|
| | | | | | |

**4- Adverse drug reaction description**

**Adverse event explanation (Please attach additional pages if necessary)**

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**Relevant medical history, including allergies**

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**Relevant test results**

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**Seriousness of ADR:**

- ☐ Patient died
- ☐ Involved or Prolonged Hospitalization
- ☐ Involved persistent or significant disability or incapacity
- ☐ Life threatening
- ☐ Congenital anomaly
- ☐ Required intervention to prevent further damage/impairment
- ☐ Other

| | |
|---|---|
| Date reaction started: | Date reaction stopped: |

5- Adverse drug reaction outcome data:

A. Outcome:
☐ Recovered ☐ Recovering ☐ Continuing ☐ Other

B. Was the problem solved when you stopped using the product?
☐ Yes ☐ No ☐ I'm still using the product ☐ I don't know ☐

C. Did the problem Reappear after introduction of the suspected drug again?
☐ Yes ☐ No ☐ I'm still using the product ☐ I don't know ☐

| | | |
|---|---|---|
| D. Specific antagonist used: | ☐No | ☐Yes,Specify…… …….. |

6- Reporter data: **(All data will be kept confidential )**

| | | |
|---|---|---|
| Name: | Profession(Specialty): | Date: |
| Email: | Phone: | Signature: |

**Please send this form by fax to: 24837245**

**It's easy to report online to adr_reporting@moh.gov.kw**

**Note: identities of reporter, patient and institution will remain confidential**