



Pharmaceutical Products Quality Reporting Form

1. Suspected drug Product type <input type="checkbox"/> Drug <input type="checkbox"/> Vaccine <input type="checkbox"/> Herbal product <input type="checkbox"/> food supplement <input type="checkbox"/> Other					
Suspected Product name (generic & brand)	Batch number	Dosage form /route/frequency	Exp. date	Pack size	Manufacturer / Origin
2. Quality defect detected : (please attach photo if available)					
Types of quality problems:			More details :		
<input type="checkbox"/> Packaging				
<input type="checkbox"/> Suspected counterfeit product				
<input type="checkbox"/> Product confusion (caused by name, labeling, design or packaging)				
<input type="checkbox"/> Questionable stability				
<input type="checkbox"/> Suspected contamination				
<input type="checkbox"/> Defective components				
<input type="checkbox"/> Labeling Problems (caused by printing errors / omissions)				
<input type="checkbox"/> Other :		
3. Consequences:					
<input type="checkbox"/> Patient died					
<input type="checkbox"/> Involved or Prolonged Hospitalization					
<input type="checkbox"/> Involved persistent or significant disability or incapacity					
<input type="checkbox"/> Life threatening					
<input type="checkbox"/> Congenital anomaly					
<input type="checkbox"/> Required intervention to prevent further damage/impairment					
<input type="checkbox"/> Other					
Is the Sample available for analysis?			<input type="checkbox"/> yes <input type="checkbox"/> No		
Has the manufacturer or supplier has been informed?			<input type="checkbox"/> yes <input type="checkbox"/> No		
4. Reporter data: (All data will be kept confidential)					
Name:		Profession(Specialty):		Date:	
Email:		Phone:		Signature:	
Organization:					
Department:					

Please send this form by fax to: 24837245

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

Please keep the defected sample with you for further investigation