



Request Details

PATIENT DETAILS

* IS EMIRATES ID AVAILABLE?:	YES NO	PATIENT EMIRATES ID NUMBER: *	<input type="text"/>
FULL NAME ARABIC:	<input type="text"/>	FULL NAME ENGLISH:	<input type="text"/>
SEX:	<input type="text"/>	DATE OF BIRTH:	<input type="text"/>
AGE:	<input type="text"/>	WEIGHT (KG):	<input type="text"/>
NATIONALITY:	<input type="text"/>	PATIENT CONTACT NUMBER:	<input type="text"/>
MEDICAL RECORD NUMBER:	<input type="text"/>		

ADVERSE REACTIONS

* DESCRIPTION OF THE REACTION(S):	<input type="text"/>	* ONSET DATE OF THE REACTION:	<input type="text"/>
END DATE OF THE REACTION:	<input type="text"/>	TREATMENT OF ADVERSE REACTIONS:	YES NO
RELEVANT TESTS/LABORATORY DATA INCLUDING DATES:	<input type="text"/>	OTHER RELEVANT HISTORY INCLUDING PRE-EXISTING MEDICAL CONDITIONS:	<input type="text"/>

ADVERSE REACTIONS OUTCOME

* OUTCOME OF THE ADVERSE REACTIONS:	<input type="text"/>
-------------------------------------	----------------------

ADVERSE REACTION SERIOUSNESS

TYPE OF ADVERSE REACTION

TYPE OF ADVERSE REACTION:	<input type="text"/>
---------------------------	----------------------

REPORTER DETAILS

ANONYMOUS:		* ARE YOU THE PROFESSIONAL WHO IDENTIFIED THE EVENT?:	YES NO
* REPORTERS NAME:	<input type="text"/>	* HEALTH CARE FACILITY NAME:	<input type="text"/>
FACILITY TYPE:	<input type="text"/>	FACILITY LICENSE NUMBER:	<input type="text"/>
USER LICENSE NUMBER: *	<input type="text"/>	CATEGORY: *	<input type="text"/>
MAJOR: *	<input type="text"/>	PROFESSION (SPECIALTY): *	<input type="text"/>
CONTACT NUMBER:	<input type="text"/>	EMAIL ADDRESS:	<input type="text"/>

Initial Reporter Details

CATEGORY:	<input type="text"/>	MAJOR:	<input type="text"/>
CONTACT NAME:	<input type="text"/>	CONTACT NUMBER:	<input type="text"/>
EMAIL:	<input type="text"/>		

COMMENTS

COMMENTS:	<input type="text"/>
-----------	----------------------

Medical Products Details

MEDICAL PRODUCTS USED

List all medical products that are used. More than one product is allowed. If you aren't aware of the Brand Name then please check the box below then fill the "Other Brand Name" as Unknown.

	Please click here in case the product is not available in the list	Medical Product Status	Brand Name	Generic Name	Manufacturer Name	Other Brand Name	Other Generic Name	Other Manufacturer Name	Therapy Starting Date	Other Strength	Strength	Therapy Stopping Date	Dose and Frequency	Route	Batch Number	Drug Classifications	Therapeutic Category	Action Taken towards Adverse Reaction	Reaction abated after use stopped or dose reduced	Reaction Reappeared after reintroduction		

MEDDRA CLASSIFICATION TYPE

	MedDRA Preferred Term	Primary System Organ Class (SOC)	Other MEDDRA Description	Other Primary System Organ Class (SOC)

MEDICAL PRODUCTS USED

List all medical products that are used. More than one product is allowed. If you aren't aware of the Brand Name then please check the box below then fill the "Other Brand Name" as Unknown.

PLEASE CLICK HERE IN CASE THE PRODUCT IS NOT AVAILABLE IN THE LIST	MEDICAL PRODUCT STATUS:	BRAND NAME: *
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
GENERIC NAME: *	MANUFACTURER NAME:	* THERAPY STARTING DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
STRENGTH:	THERAPY STOPPING DATE:	DOSE AND FREQUENCY:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ROUTE:	BATCH NUMBER:	DRUG CLASSIFICATIONS:
<input type="text"/>	<input type="text"/>	<input type="text"/>
THERAPEUTIC CATEGORY:	* ACTION TAKEN TOWARDS ADVERSE REACTION:	REACTION ABATED AFTER USE STOPPED OR DOSE REDUCED:
<input type="text"/>	<input type="text"/>	<input type="text"/>
REACTION REAPPEARED AFTER REINTRODUCTION:		
<input type="text"/>		



Adverse Reaction Report

MEDDRA CLASSIFICATION TYPE

* MEDDRA PREFERRED TERM:

* PRIMARY SYSTEM ORGAN CLASS (SOC):

OTHER MEDDRA DESCRIPTION:

OTHER PRIMARY SYSTEM ORGAN CLASS (SOC):

Attachment

The following documents are optional (please note some documents could be mandatory when requested by DOH):

- Others

The maximum file size allowed is 50 MB.

Name	Type	Size	Latest Update	Action