

Wai Shun Pty. Ltd.

RECORD

FM 004

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Subject: Suspected Adverse Reaction Report

Version No: 1

Date Effective: 24.1.2020

Report No.:

Date:

Suspect Product:

Product Name:

AUST L:

Batch No.:

Dosage:

Date begun:

Date stopped:

Reason for use:

Is the suspect product available or has it been requested ?:

Other Medicines Taken at the Time of the Reaction:

Product Name:

Dosage:

Date begun:

Date stopped:

Reason for use:

Product Name:

Dosage:

Date begun:

Date stopped:

Reason for use:

Product Name:

Dosage:

Date begun:

Date stopped:

Reason for use:

Reporter Details:

Name:

Address:

Contact details (email or phone):

Patient Details:

Initials:

Sex: M / F

Weight:

DOB or Age:

Details of Reaction/s:

Wai Shun Pty. Ltd.

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Seriousness:

Life threatening: Y / N	Hospitalised: Y / N	Required visit to doctor: Y / N
Treatment of reaction:		

Outcome:

Recovered: Y / N [Date: / /]	Not yet recovered: Y / N [Date: / /]
Fatal: Y / N [Date: / /]	Unknown:

Ongoing Consequences ?:

Y / N	If yes, describe:

Completed By:	Date Completed:
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- This form, plus any additional documentation, is to be forwarded immediately to the Wai Shun General Manager by email (waishunptyltd@hotmail.com).
- In addition, the Wai Shun General Manager is to be advised by phone (0400 828 703) that a potential adverse reaction has occurred, and the documentation (this form) has been forwarded by email.