

POSTAL ADR MONITORING FORM

National Pharmaco Vigilance Centre,
Department of Pharmacology,
All India Institute of Medical Sciences,
New Delhi-110029, India

Name Age Sex
.....

Ward Bed No DOA DOD
.....

Regd. No..... /OPD

DRUG

ADVERSE DRUG REACTION (ADR)

		<u>Outcome of ADR</u>
Date of on set.	<input type="checkbox"/>	Recovered without sequelae.
Management of ADR	<input type="checkbox"/>	Recovered with sequelae
	<input type="checkbox"/>	Not yet recovered
	<input type="checkbox"/>	Died due to adverse drug reaction.
	<input type="checkbox"/>	Died, drug may be contributory.
	<input type="checkbox"/>	Died, unrelated to drug.
	<input type="checkbox"/>	Unknown.

Diagnosis.....

Drugs (s)	Dose	<u>Drug Administration</u>	
		Began	Terminated

Notes :-

Reported by :

Name

Address

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.....
...

Tel.

No.....

Fax No.....

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E

mail