

NATIONAL PHARMACOVIGILANCE PROGRAMME FOR AYURVEDA, SIDDHA & UNANI (ASU) DRUGS.

Reporting Form for Suspected Adverse Reactions to ASU Drugs

- Please note:**
- All consumers / patients and reporters information will remain confidential.
 - It is requested to report all suspected reactions to the concerned, even if it does not have complete data, as soon as possible.

1. Patient / consumer identification (please complete or tick boxes below as appropriate)

Name	Patient Record Number (PRN)
Ethnicity IPD / OPD	
Address	Age:
Village / Town	Sex: Male / Female
Post / Via	Prakriti / Mizaj:
District / State	

2. Description of the suspected Adverse Reactions (please complete boxes below)

Date and time of initial observation	
Description of reaction	

3. List of all ASU drugs including drugs of other systems used by the patient during the reporting period:

Medicine Name	Manufacturer Batch no.	Daily dose	Form Route of administration	Date		Reason for use
				Starting	Stopped	

4. Brief details of the suspected ASU Medicine:

- Composition of the formulation / Part and form of the raw material used
- Expiry date if any:
- Remaining part of drug / Product label
- Please tick (any one)
Ayurveda, Siddha, Unani, any other
- Adjuvant
- Dietary Restrictions if any
- Whether the drug is consumed under medical supervision or used as self medication.
- Any other relevant information.

5. Treatment provided for suspected adverse reaction

6. Out come of the suspected adverse reaction (please complete the boxes below)

Recovered:	Not recovered:	Unknown:	Fatal:	If Fatal Date of death:
Severe: Yes / No.	Reaction abated after drug stopped or dose reduced:			
	Reaction reappeared after re introduction:			
Was the patient admitted to hospital? If yes, give name and address of hospital				

7. Any laboratory investigations done which provides suspicion of drug involvement:

8. Whether the patient is suffering with any chronic disorders?

Hepatic Renal Cardiac Diabetes Malnutrition Any Others

9. H/O previous allergies / Drug reactions:

10. Identification of the reporter:

Type (please tick): Nurse / Doctor / Pharmacist / Health worker / Patient / Attendant / Manufacturer / Distributor / Supplier / Any others (please specify)
Name:
Address:
Telephone / E – mail if any :

Signature of the reporter:

Date:

Please send the completed form to: The centre from where the form is received or to

Name & address of the RRC-ASU
/ PPC-ASU

The Coordinator

National Pharmacovigilance Resource Centre For ASU Drugs

I.P.G.T. & R.A., G.A.U., Jamnagar, Gujarat - 361 008

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Website : www.ayurveduniversity.com, Email: nprcasu@gmail.com

Who Can Report?

⇒ Any Health care professionals like ASU Doctors / Dentists / Nurse / Pharmacists etc.

What to Report?

⇒ All suspected adverse reactions, Lack of effects, Resistance, Drug interactions, Dependence and Abuse

Confidentiality

⇒ The patient's identity will be held in strict confidence and protected to the fullest extent. Programme staff will not disclose the reporter's identity in response to a request from the public.
⇒ Submission of report doesn't constitute an admission that, medical personnel or manufacturers or the product caused or contributed to the reaction.