Suspected Adverse Reactions/Anaphylaxis /Product deffects

Case Reporting Form

Identity of the patient /owener and the reproter is kept strictly confidential .

A. Patient's Information

Species	Breed	Age/DOB	Sex	Weight

B. Owerner's Information

Name	Adress	Tele. No./E-mail

C. Suspected Product

Brand Name:	Dose	Route		Therapy Date	
Generic Name:		IV	IM		
Batch No:	Frequency	SC	PO	Started	Stoped
Date of Expiry		Other (specify)			
Improter's Name (mention address if available)					
Manufacturer's Name (mention address if available)					

D. Adverse Reaction/Problem of the product

Adverse Reaction ☐	Anaphylaxis ☐	Product Problem (specify- ex:quality,efficacy etc.)
Date of the event:		
Describe the event:		

Seriousness of the event: Death ☐ Life Threating ☐ Medicaly Significant ☐ prolong treatment ☐

Risk Factors			
Organ dysfunction Lungs ☐ Kidny ☐ Heart ☐	Previous allergies (State the allergy)	Pregnant	Other (specify)
E. Other medicines taken at the time of above event			
F. Reproting Veterinarian			
Name:			
SLVC Registation No:			
Adress:			
Tele. no./E mail:			
Signature :			Date:

Please send the filled form to Registrar , Veterinary Drug Control Authoriy(VDCA), Department of Animal Production & Health, Getambe,Peradeniya

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E mail: vdca.daph@gmail.com