



Spontaneous Adverse Drug Reaction (ADR) Report Form

Identities of Reporter, Patient and Institute will remain confidential

MCAZ Reference Number (MCAZ use only)

Patient Details (to allow linkage with other reports)

| | | | |
|------------------------------|--|-------------------------------|------|
| Clinic/hospital Name: | | Clinic/Hospital Number | |
| Patient Initials: | | VCT/OI/TB Number | |
| Date of Birth: | | Weight (Kg) | Sex: |
| Age: | | Height (meters) | |

Adverse Reaction

| | | | | | |
|--|------------------------|--|--|---------|--------|
| Date of Onset: | | | | | |
| Duration: | Less than one hour | Hours | Days | Weeks | Months |
| Description of ADR | | | | | |
| Serious: Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for Seriousness | <input type="checkbox"/> Death | <input type="checkbox"/> Life-threatening | | |
| | | <input type="checkbox"/> Hospitalization/prolonged | <input type="checkbox"/> Disabling | | |
| | | <input type="checkbox"/> Congenital-anomaly | <input type="checkbox"/> Other medically important condition | | |
| Relevant Medical History | | | | | |
| Relevant Past Drug Therapy | | | | | |
| Outcome of ADR | Recovered | Not yet recovered | Fatal | Unknown | |

Current Medication

| Generic Name | Brand Name | Batch Number | Dose | Indication | Date Started | Date Stopped |
|--------------|------------|--------------|------|------------|--------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|--|---------------|--------------|--------------|
| Concomitant (Other) drugs taken, including herbal medicines & Dates/period taken: | Name of drug: | Date started | Date stopped |
| | | | |
| | | | |

| | |
|-------------------------------------|--|
| Suspected drug(s), if known: | |
| Laboratory tests results: | |

Reported by

| | |
|------------------------|-------|
| Forename(s) & Surname: | |
| Designation: | |
| Address: | |
| Signature: | Date: |

Send to: The Director-General, Medicines Control Authority of Zimbabwe, 106 Baines Avenue, P O Box 10559, Harare
Tel: +263-4-708255 or 792165, **E-mail:** mcaz@mcaz.co.zw, **website:** www.mcaz.co.zw

NB. This form may be completed for any ADR related to medicines or medical devices

***Please attach any other additional information, including an anonymized picture of the ADR (with patient's consent)**