Delivery Address:
PO Box 100
WODEN ACT 2606

No stamp required
if posted in Australia

The Secretary, ADRAC
Reply Paid 100
WODEN ACT 2606

Facsimile: 02 6232 8392
Enquiries: ADRAC@health.gov.au
Website: www.tga.gov.au/problem

Fold here → ← Fold here

Sender's name and address

_____

_____

_____

_____

Postcode

Please note: The personal information in this form is collected and used for the purpose of assessing the safety of medicines under the Therapeutic Goods Act 1989. The personal information is only disclosed: (i) to State and Territory Health Departments (if the information relates to Immunisation Schedule vaccine events); or (ii) where there is a legal requirement to disclose it. The reporter's details are recorded in the database so that reporters can be contacted if further information is required.

Moisten adhesive, fold and press down for a few seconds.

865(0507)

Report of Suspected Adverse Reaction to Medicines/Vaccines

(Statement about the collection and use of personal information overleaf)

Patient initials (not full name)
or medical record number.

Date of Birth: / / or age:

Sex: M / F Weight: _ _ _ _ kg

Description of adverse reaction/s:

Date of onset of reaction: / /

List all medicines/vaccines taken at the time of the reaction *(please use trade names and asterisk the suspected medicines; include AUST R or AUST L number for non-prescription medicines)*	**Daily dosage** *(dose number for vaccines eg 1st DTP)*	**Date begun**	**Date stopped**	**Reason for use**

Treatment of reaction:

Outcome: Recovered ☐ Date of recovery: / / Not yet recovered ☐
Unknown ☐ Fatal ☐ Date of death: / /

Sequelae: Yes ☐ No ☐ Describe:

Severity: Life threatening ☐ Hospitalised ☐ Required a vist to doctor ☐

Comments *(eg. relevant history, allergies, previous exposure to this drug):*

Reporting Doctor, Pharmacist, etc:

Name: Postcode _ _ _ _ _ _

Address:

Signature ..... / / .....