

INFORMATION ABOUT A PATIENT

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Report №/
(to be filled in by Pharmacovigilance Department)

REPORT FORM "LACK OF EFFICACY OF MEDICINES"

ALL THE INFORMATION PROVIDED BY YOU IS CONFIDENTIAL AND IS NOT SUBJECT TO DISCLOSURE EXCEPT AS OTHERWISE PERMITTED BY THE LAW

	INITIALS				Hepatic disease		☐ yes ☐ no ☐ no information		
(first letters of patient's surname, name and					Renal disease		☐ yes ☐ no ☐ no information		
patronymic): Sex:		Пт	☐ male ☐ female		Pregnancy		☐ yes Term weeks		
Date of birth (age):		— III	male in lemale		Allergy (please, specify):		yes ono weeks		
Weight (kg):					111101 8,7 (Piece	sse, specify.	— 300 — 1		
Height (cm):									
SUSPECTED PHARM	MACEUTICAL PRO	ODUCT(-	S) (SPP)						
Brand name	International non- proprietary name	Pharmac eutical form	Batch No	and	ge, frequency I method of ninistration	Prescribed for	•	Start date	End date
OTHER PHARMACI	EUTICAL PRODUC	CTS (admin	istered in th	ie last 3	months)		<u> </u>		
Brand name	International non- proprietary name	Pharmac eutical form	Batch No	Dosaş and	ge, frequency I method of ninistration	Prescribed for		Start date	End date
		IOIM							
ACK OF FEELOAC	V (I OF)								
ACK OF EFFICAC	Y (LOE)							Start date	End date
	Y (LOE) efficacy signs (including	any results	of relevant	suppor	tive laboratory	tests and other investiga	tions)	Start date of LOE	End date of LOE
		any results	of relevant	support	tive laboratory	tests and other investiga	tions)		
		any results	of relevant	support	tive laboratory	tests and other investiga	tions)		
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Report №/
(to be filled in by Pharmacovigilance Department)

INFORMATION ABOUT A REPORTER (a person that informs about LOE)

Full name:							
Occupation:	□doctor □ pharmacist □ medical representative □ other (please, specify):						
Health care institution:	Health care institution:						
Address:							
Phone:	E-mail:						
Date of LOE information receipt:	Filling date:						
I give my consent to Gladpharm LLC for processing my personal data (PD). I am notified of: 1) PD owner – Gladpharm LLC; 2) the composition and content of PD – they are specified in this message above; 3) their rights under Art. 8 of the Law of Ukraine "On Protection of Personal Data"; 4) the purpose of PD processing – ensuring pharmacovigilance over drug efficacy; 5) persons to whom PD may be transferred – State Enterprise "State Expert Center of the Ministry of Health of Ukraine", the company Kusum Healthcare Pvt Ltd, India and KUSUM PHARM LLC, Ukraine, as well as their legal successors.							
□YES □NO							
SIGNATURE	SEAL						