|  |  |  |
| --- | --- | --- |
| Description: nda logo | **National Drug Authority**  Plot No. 19 Rumee Towers, Lumumba Avenue  P.O. Box 23096, Kampala, Uganda.  email: [ndaug@nda.or.ug](mailto:ndaug@nda.or.ug); website: [www.nda.or.ug](http://www.nda.or.ug)  Tel: +256-417788100 |  |
| **VETERINARY ADVERSE DRUG EVENT REPORTING FORM** | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAFETY ISSUE** | | | | **NAME AND ADDRESS OF REPORTER** | | | | | | | | **DETAILS OF OWNER (/**affected**)** | | |
| **In animals**  **In humans**  **Environmental problems** | | | | Veterinarian  Pharmacist  AHO  Other     ................................  Name:  District:  Telephone :  Email: | | | | | | | | Name:  Village:  Parish:  Sub county:  District:  Telephone | | |
| **PATIENT(S)** Animal(s)  Humans  (for humans fill only age and sex below) **New case Follow up case** | | | | | | | | | | | | | | |
| **Species** | **ID (tag)** | **Breed** | | | | **Sex** | **Status** | | | | | **Age** | **Weight** | **Reason for treatment** |
|  |  |  | | | | Female  Male | Neutered .Yes  No  Pregnant Yes  No | | | | |  |  |  |
| **SUSPECTED DRUG ADMINISTERED BEFORE THE ADVERSE DRUG EVENT**  *(if more products are administered concurrently than the number of boxes available, please duplicate this form* ) | | | | | | | | | | | | | | |
| **Name of the drug administered** | | | | | | | |  | | | | | | |
| Pharmaceutical form & strength (ex: 100 mg tablets) | | | | | | | |  | | | | | | |
| Manufacturer | | |  | | | | | | | | | | | |
| Batch number | | |  | | | | | Expiry date |  | | | | | |
| Route/site of administration | | |  | | | | | Dose / Frequency |  | | | | | |
| Duration of treatment / Exposure: | | | Start Date | | | | | End Date | | | Duration: | | | |
| Who administered the drug? (veterinarian, owner, other) | | | | | | | |  | | | | | | |
| Has the holder of the certificate of registration been informed? | | | | | | | | Yes  No | | | | | | |
| Concomitant products administered (include dosage) | | | | |  | | | | |  | | | | |

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| **DESCRIPTION OF THE SUSPECTED ADVERSE DRUG EVENT** (*see notes overleaf*) | | | | | |
| No. exposed | | No. reacting | No. died | No. recovered | Date ADE recognised |
| Medical condition prior to administration  **Clinical manifestation of ADE** | | | | | |
| Action taken |  | | | | |
|  | | | | | |
| **HUMAN CASE (***If the reported case refers to a human being, please also complete the details of exposure below)* | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Contact with treated animal | Oral ingestion | Topical | Ocular | Inhalation | | Injection exposure: Finger | Hand | Joint | Other  ……………………..*....................* | |   **Exposure dose of suspected drug:** | | | | | |

Name      ………………………………….. Signature …………………………. Date      ……………