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| Description: nda logo | **National Drug Authority**Plot No. 19 Rumee Towers, Lumumba AvenueP.O. Box 23096, Kampala, Uganda.email: 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)  | 1.
 | 1.
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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 |       |
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| **HUMAN CASE (***If the reported case refers to a human being, please also complete the details of exposure below)* |
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| Contact with treated animal[ ]  | Oral ingestion [ ]  | Topical [ ]  | Ocular [ ]  | Inhalation[ ]   |
| Injection exposure: Finger[ ]  |  Hand [ ]  | Joint [ ]  |  Other [ ]  ……………………..*....................*  |

**Exposure dose of suspected drug:** |

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