

**LIFE INFUSION PHARMACEUTICALS PVT. LTD.**

KSIDC Industrial Growth Centre, Plot No.22, 23, 24, 25, 26, 27,
Balussery, P.O. Kinalur, Kozhikode, Kerala, 673612-India
E mail: pv@lifeinfusionpharma.com, Phone number: +91 87141 33663

For LIPPL use only:

Date of receipt: _____

ADR acknowledgement: _____

1. Patient Details

Patient Details: Name, Hospital Name, Address, phone number

Date of Birth or Age

☐ Male ☐ Female

Weight:

☐ Lbs. ☐ Kgs.

Height:

☐ Ins. ☐ Cms.

Ethnic Origin/Country : _____

LIPPL ADR Investigation Number:

Report this event to regulatory authority? ☐ Yes ☐ No

Important

Comments: _____

2. Reporter Information (e.g. Healthcare Professional, Lawyer etc)

Reporter's Name:

Reporter's Address with Email ID

Country:

Phone number:

Reporter's qualification:

☐ Physician ☐ Pharmacist ☐ Other health professional* ☐ Lawyer

☐ Non health Professional* *Please specify

Reporter's Signature:

Date:

3. Suspect Drug(s): Please give brand name if Available	Lot No.	Indication	Dose, Units and frequency	Route of Administration	Infusion Start Date	Infusion end Date	Any remarks

4. Describe the adverse event /events	Start Date	Stop Date or Duration	Remarks	Immediate actions taken

Did reaction improve after stopping or reducing drug Yes/No/Describe briefly?

5. Briefly describe any other information related to this ADR.**6. Seriousness: Is the Adverse Event serious? ☐ Yes ☐ No If yes, please select or Describe :**

If 'Death', Specify cause of Death:

Date of Death:

Post Mortem / Autopsy Performed?

☐ Yes ☐ No (If 'Yes', Please Attach Findings)

Any other serious events Briefly describe

7. Relevant Medical History / Concurrent Diseases. (Add all relevant information/ Concomitant Drug(s))**8. Attachments**

1.

2.

You may send the completed form to: Pharmacovigilance officer, Life infusion pharmaceuticals Pvt. Ltd.
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