

	NEXT WAVE INDIA
	ADVERSE EVENT REPORTING FORM

Reporter Details	
Name:	Occupation:
Email Id:	Phone Number:
Fax:	Pin code:
Address:	
Patient Details	
First Name:	Last Name:
Date Of Birth:	Age:
Height (cm):	Weight (Kg):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Country:

Suspect Drug(s)							
Sr. No.	Drug Name (Brand / or Generic name)	Manufacturer (if known)	Strength & Formulation	Batch No/ Lot No	Expiry Date (dd/mm/yyyy)	Daily Dose of Drug Prescribed/ Used	Frequency Of Drug Prescribed/ Used
1							
2							
3							
Therapy Dates							
Sr. No.	Drug Start Date (dd/mm/yyyy)	Drug Stop Date (dd/mm/yyyy)	Duration of Drug used	Drug Route of administration (ROA)	Action Taken*	Indications (Reason for use or prescription)	
1							
2							
3							

*Please specify Action taken as (1) Ongoing (2) Drug Withdrawn (3) Not Applicable (4) Unknown (5) Dose reduced (6) Temporarily stopped

Event Details						
Sr. No.	Describe Event, Problem or Product Use Error	Seriousness* No/Yes (if yes please specify from below)	Date when event started	Date when event Stopped	Event Outcome#	Treatment Details
1						
2						
3						

***Seriousness**(1) Death (2)Life Threatening (3) Prolonged Hospitalization/Hospitalization (4) Disability or permanent damage (5) Congenital anomaly (6) Intervention Required (7) Other (Specify)

#**Outcome** (a) Resolved(b) Resolving (c) Not Resolved(d) Unknown(e) Not reported (f) Fatal(g) NA

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IncasetofHospitalization			
Dateof Admission		Dateof Discharge	

Concomitant/Past Drug(s)							
Drug Name (Brand / or Generic name)	Drug Category*	Indications (Reason for use or prescription)	Batch / lot no/ Expiry Date	Daily Dose of Drug Prescribed/ Used	Drug Route of administration (ROA)	Drug Start Date	Drug Stop Date
						(dd/mm/yyyy)	

Drug Category* C - Concomitant Drugs;P – Past drug

Medical History/Concurrent Conditions#			
Condition Name	Type*	Start Date	Stop Date

including pre-existing medical conditions (e.g., allergy, pregnancy, smoking and alcohol use Hepatic/ renal dysfunction etc.)

*Type – 1. Past History (Surgical procedures); 2 - Concurrent Condition

Relevant Test/Laboratory data				
Test Name	Date of Test Performed	Result	Unit	Normal Range

Additional Comments:

 <p>NEXT WAVE (INDIA)</p>	<p style="text-align: center;">NEXT WAVE INDIA</p> <hr/> <p style="text-align: center;">ADVERSE EVENT REPORTING FORM</p>
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ADVICE ABOUT VOLUNTARY REPORTING

WHERE TO REPORT

Postal Address

Rampur Ghat Road, Paonta Sahib, Distt.
Sirmour, (H.P.)-173025, India

OR

✉ **Email:** safety@nextwaveindia.com

INSTRUCTION TO FILL THE REPORTING FORM

- Use clear and legible handwriting
- Fill in the sections that apply to your report
- Attach additional pages if needed
- Use a separate form for each patient and event
- Provide contact details (information is used for follow-up, if necessary. Your identity will remain confidential)
- Avoid information such as personal IDs to protect privacy.