CID LINES
An Ecolab Company

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EU Veterinary Suspected Adverse Reaction Report Form for Veterinarians & Health Professionals

Form to be sent to:	**Ref. Number:**
CID LINES N.V. Waterpoortstraat 2 8900 Ieper - BE Fax: 003257217879 Phone: 0032475988363 E-mail: pharmacovigilance@cidlines.com Website: www.cidlines.com	

IDENTIFICATION	**NAME AND ADDRESS OF SENDER**	**NAME & ADDRESS/ REF. OF PATIENT**
Safety issue in animals ☐ in humans ☐ **Lack of expected efficacy** ☐ **Withdrawal period issues** ☐ **Environmental problems** ☐	Veterinarian ☐ Pharmacist ☐ Other ☐ Phone: Fax:	*(according to national law)*

PATIENT(S) Animal(s) ☐ Human(s) ☐ *(for humans fill only age and sex below)*

Species	Breed	Sex	Status	Age	Weight	Reason for treatment
		Female ☐ Male ☐	Neutered ☐ Pregnant ☐			

VETERINARY MEDICINAL PRODUCTS ADMINISTERED BEFORE THE SUSPECTED ADVERSE REACTION
(if more products are administered concurrently than the number of boxes available, please duplicate this form)

Name of the veterinary medicinal product (VMP) administered	1	2	3
Pharmaceutical form & strength (ex: 100 mg tablets)			
Marketing Authorisation number			
Batch number			
Route / site of administration			
Dose / Frequency			
Duration of treatment / Exposure Start date End date			
Who administered the VMP? (veterinarian, owner, other)			
Do you think that the reaction is due to this product?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Has the Marketing Authorisation Holder (MAH) been informed?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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SUSPECTED ADVERSE REACTION DATE ..... / /	**Time between administration and event** in minutes, hours or days	Number treated ..... Number reacted ..... Number dead	**Duration of the adverse reaction** in minutes, hours or days .....

DESCRIPTION OF THE EVENT *(Safety issues in animals or Safety issues in humans / Lack of expected efficacy / Withdrawal period issues / Environmental problems)* - Please describe:

Indicate also if the reaction has been treated, how and with what and what was the result?

OTHER RELEVANT DATA (ATTACH FURTHER PAPERS IF NECESSARY e.g. investigations carried out or ongoing, a copy of medical report for human cases)

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 exposure ☐
- Ocular exposure ☐
- Injection exposure ☐ finger ☐ hand ☐ joint ☐ other ☐
- Other (deliberate ...) ☐

If you do not agree that your complete name and address are sent to the MAH if further information requested, please tick the box: ☐

Date: **Place:** **Name and signature of sender:**

Contact point (phone) (if different from the number on page 1)