

Adverse Drug Reaction Collection Form

Fill out mandatory items (*) and complete form with additional information, if possible.

Send filled form to Drug Safety Allergopharma:

E-Mail: pharmacovigilance@allergopharma.com

Fax: +49 40 72765252

You will find this documentation at: www.allergopharma.com

Allergopharma GmbH & Co. KG

Drug Safety

Hermann-Körner-Str. 52

21465 Reinbek • Germany

Phone inquiries: +49 40 72765712

1. Reporter Details

Name (*):	Phone (*): Fax: E-Mail:	Reporter is: <input type="radio"/> Physician <input type="radio"/> Relative <input type="radio"/> Pharmacist <input type="radio"/> HCP <input type="radio"/> Patient <input type="radio"/> other: _____
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2. Patient Details

Initials: _____ Last name, First name	Date of birth: _____ DD.MM.YYYY	Height: _____ (cm)
Sex (*): <input type="radio"/> male <input type="radio"/> female	Age: _____ (years)	Weight: _____ (kg)

3. Suspected Product Details

Product name (*): Allergen composition: Batch No:	The reaction was observed at a dose of: _____ ml Strength: _____ (1,2,3 or A,B) <input type="radio"/> Standard dose escalation <input type="radio"/> Accelerated dose escalation <input type="radio"/> One-strength dose escalation	Therapy start _____ last administration _____ DD.MM.YYYY DD.MM.YYYY Indication: Route of administration:
Parallel Allergen Immunotherapy? <input type="radio"/> yes <input type="radio"/> no	Product name:	
Date of last administration: _____ DD.MM.YYYY	Allergen composition: Batch No:	

Actions taken on the suspected drug:

Drug discontinued Dose unchanged Dose changed: _____ ml / strength: _____ unknown

4. Adverse Drug Reaction Details

Diagnosis (*) (if unknown signs and symptoms)	Start DD.MM.YYYY	End DD.MM.YYYY	Onset after administration	Duration	Outcome (A)	Causality (B)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(A) Choose: 1 = recovered/resolved, 2 = recovering, 3 = permanent damage, 4 = not recovered/not resolved, 5 = death (date), 6 = unknown

(B) Choose: 1 = certain, 2 = probable/likely, 3 = possible, 4 = unlikely, 5 = unassessable/unclassified, 6 = not related, 7 = unknown

Description of reaction::

