



COMMITTEE ON SAFETY OF MEDICINES



## SUSPECTED ADVERSE DRUG REACTIONS

If you are suspicious that an adverse reaction may be related to a drug or combination of drugs please complete this Yellow Card. For reporting advice please see over. Do not be put off reporting because some details are not known.

<b>PATIENT DETAILS</b>		Patient Initials: _____	Sex: M / F	Weight if known (kg): _____
Age (at time of reaction): _____		Identification number (Your Practice / Hospital Ref.):* _____		
<b>SUSPECTED DRUG(S)</b>				
Give brand name of drug and batch number if known				
_____	Route	Dosage	Date started	Date stopped
_____	_____	_____	_____	_____
				Prescribed for
				_____
<b>SUSPECTED REACTION(S)</b>				
Please describe the reaction(s) and any treatment given:				
				<b>Outcome</b>
				Recovered <input type="checkbox"/>
				Recovering <input type="checkbox"/>
				Continuing <input type="checkbox"/>
				Other <input type="checkbox"/>
Date reaction(s) started: _____		Date reaction(s) stopped: _____		
Do you consider the reaction to be serious? Yes / No				
If yes, please indicate why the reaction is considered to be serious (please tick all that apply):				
Patient died due to reaction	<input type="checkbox"/>	Involved or prolonged inpatient hospitalisation	<input type="checkbox"/>	
Life threatening	<input type="checkbox"/>	Involved persistent or significant disability or incapacity	<input type="checkbox"/>	
Congenital abnormality	<input type="checkbox"/>	Medically significant; please give details: _____		
<b>OTHER DRUGS (including self-medication &amp; herbal remedies)</b>				
Did the patient take any other drugs in the last 3 months prior to the reaction? Yes / No				
If yes, please give the following information if known:				
Drug (Brand, if known)	Route	Dosage	Date started	Date stopped
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Additional relevant information</b> e.g. medical history, test results, known allergies, rechallenge (if performed), suspected drug interactions. For congenital abnormalities please state all other drugs taken during pregnancy and the last menstrual period.				
<b>REPORTER DETAILS</b>			<b>CLINICIAN (if not the reporter)</b>	
Name and Professional Address: _____			Name and Professional Address: _____	
_____			_____	
Post code: _____			Post code: _____	
Tel No: _____			Tel No: _____	
Speciality: _____			Speciality: _____	
Signature: _____			Date: _____	
			If you would like information about other adverse reactions associated with the suspected drug, please tick this box <input type="checkbox"/>	

\* This is to enable you to identify the patient in any future correspondence concerning this report

Please attach additional pages if necessary

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*Remember if in Doubt - Report*

**SUSPECTED ADVERSE DRUG REACTIONS REPORTING ADVICE**

New Black Triangle (▼) Drugs - report ALL suspected adverse reactions  
(New medicinal drugs can be identified by the presence of a black triangle (▼)  
both on the product information for the drug and in the BNF and MIMS)

Other Drugs - only report **SERIOUS** suspected adverse reactions  
For instance those which are:

- Fatal
- Life threatening
- Involves or prolongs inpatient hospitalisation
- Involves persistent or significant disability or incapacity
- Congenital abnormality
- Medically significant (please exercise your judgement)

*Please remember the areas of particular concern — delayed drug effects, the elderly, congenital abnormalities, children (including offlabel use of medications) and any herbal remedies*

For more information contact:

- The National Yellow Card Information Service on Freephone 0800-7316789
- The MHRA website <http://medicines.mhra.gov.uk>
- Reporters can send suspected adverse drug reaction reports by electronic Yellow Card, via the MHRA website.
- More detailed guidelines are given in the BNF

**DO NOT BE PUT OFF REPORTING BECAUSE SOME DETAILS ARE NOT KNOWN**

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