Ministry of Health and Social Services

ADVERSE MEDICINE REACTION REPORTING FORM

(For Healthcare Professionals)

Safety Yellow Form Confidential

A) PATIENT INFORMATION

Patient Initials or Hospital Reg. No.	DOB......../........../............. or Age.....................................	Gender ☐M ☐ F ☐ Unk.	Weight (Kg):
Pregnant ☐ Y ☐ N	If YES, Estimated Gestational Period:	Known Allergies:	

B) TYPE OF REPORT

Initial ☐ Follow up ☐ If Follow up, AMR ID No. :

DESCRIPTION OF ADVERSE EVENTS Indicate provisional/ final diagnosis of the adverse events	Date event started	Date event stopped	Action Taken: (e.g. Medicine withdrawn/substituted/dose reduced/medical treatment etc...)

SERIOUSNESS	☐ Hospitalization ☐ Life-Threatening	☐ Disability or permanent damage ☐ Non Serious adverse event	☐ Congenital anomaly/birth defect ☐ Other; Specify: ....
PATIENT OUTCOME	☐ Recovered ☐ Recovered with sequelae ☐ Recovering ☐ Not recovered ☐Unknown	Died ☐ Due to Reaction ☐ Unrelated to reaction	☐ Reaction maybe contributory Date of death: ..../........./................

C) RELEVANT LABORATORY TEST (May be attached if necessary)

Were there any relevant laboratory test(s) done? ☐ Y ☐ N

Laboratory Test	Test Date	Test Results

D) RELEVANT MEDICAL HISTORY: including pre-existing medical conditions (e.g. diabetes, liver problem, alcohol use etc.)

E) INFORMATION ON MEDICINE: *For vaccines please complete the AEFI reporting form*

Trade Name [Generic Name if Trade Name is unknown] -List medicines used in the last 3 months -Enter Fixed Dose Combination as one medicine -Tick suspected medicine (s)		Dose and Frequency	Route of admin	Start date	Stop date or ongoing	Reason for use
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					

F) REPORTER INFORMATION

Name		Email		Tel:	
Profession	☐ Doctor	☐ Pharmacist	☐ Nurse	☐ Pharm Ass	☐ Others:
Health Facility/ Practice Name		Region		Date:	

Please note that submission of a report does not constitute an admission that medical personnel or the medicine caused or contributed to the event

Please tick IF YOU need: ☐***More AMR forms*** ☐***Additional information***

Send/Fax2Mail/Email to:
Therapeutics Information and Pharmacovigilance Centre (TIPC)
15 Ruhr Street Northern Industry, Windhoek
Tel: (061) 203 2400/ 203 2468
Cellphone: (081) 1465406
Fax2Mail: 0886606781
Email: info.TIPC@mhss.gov.na

Version 3_ Oct/2018