

PHARMACOVIGILANCE CENTRE

Swamy Vivekanandha College of Pharmacy
Department of Pharmacy Practice

Elayampalayam - 637 205, Tiruchengode. Namakkal (Dt), Tamilnadu, India.
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NOTIFICATION OF SUSPECTED ADVERSE DRUG REACTION

Patient Name : Age : Sex :

I P / O P No. : Unit / Dept :

Suspected drug (S) :

Diagnosis for use :

Drug started on : Drug stopped on : Date of reaction :

Brief description of reaction :

Name of the Doctor / Reporter :

Date :

Signature :

Note : Please return this to the Pharmacovigilance Centre, Department of Pharmacy Practice, Swamy Vivekanandha College of Pharmacy, Elayampalayam, Tiruchengodu - 637 205, (Phone - 98650 88756 & 99425 90910) so that a Clinical Pharmacist can investigate and document the suspected adverse drug reaction as soon as possible.