

Title: SOP for Pharmacovigilance and Medical Information	Indexation: SOP-017
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Annex 1: AcedrA Detection Form

Date: / /	Time:	Notification Source:
Hospital Name and Address:		
Contact point Name:	Contact Point Phone No:	
Patient Information:		
Patient Name:	Age:	Date of starting treatment:
Suspected side effect:		Duration of the side effect: Start: End:
Description of the event:		
Brand Drug name:		Generic:
API:		Duration of use:
Prescribed dose:		Route of administration:
Indications of use:		
Dose the ADR stopped by stopping the drug: YES No		
Other Prescribed Drugs:		
Prescribed Physician Information:		
Name:		Phone No:
AcedrA employee received the notification:		
Signature:		
Checked by:		Signature: