



Processing ID

Arrival date

1. STATE OF HEALTH WITHOUT PHARMACEUTICAL INJURY

Patient's surname and forenames (underline the most commonly used forename)

Identity number

What was the illness that was treated with the drug?

Code in accordance with ICD-10 disease classification

How long would the patient have been in hospital care without the injury?

Between / / and / /

For how long time would the patient have been disabled to work without the injury?

Between / / and / /

2. PHARMACEUTICAL INJURY

What drug (trade name) had the injurious effect?

Vnr number

If the drug was administered in a care institution, what company was the drug...

manufacturer?

marketer?

importer?

Has the patient taken part in clinical pharmaceutical research?

NO

YES (enclose an account of the research)

Report of chain of events

Continues on the following page

3. CONSEQUENCES OF THE PHARMACEUTICAL INJURY

Did the injury cause any need for additional hospital care?

NO

YES, between / / and / /

Did the injury cause any need for additional medical care by a physician or other treatment actions?

NO

YES, between / / and / / or instances of visits

Did the injury cause any additional disability for work?

NO

YES, between / / and / /

Did the injury cause a permanent functional or cosmetic handicap to the patient?

NO

YES – specify:

Cannot be determined yet

Has the treatment been continued in another care institution?

NO

YES – where?

4. OTHER INFORMATION

Further information can be provided (e.g., by other care institutions or the orderer of clinical pharmaceutical research)

5. SIGNATURE OF THE PERSON ISSUING THE STATEMENT

Doctor

Hospital / care institution

Place and date

Signature and printed name

/ /



Report of chain of events continues