



PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

Spontaneous Adverse Drug Reaction (ADR) Report Form					
Identities of Reporter, Patient and Institute will remain confidential					
MCAZ Reference Number (MCAZ use only)					
Patient Details					
Clinic/Hospital Name:		Clinic/Hospital Number			
Patient Initials:		VCT/OI/TB Number			
Date of Birth:		Weight (Kg)	Sex:		
Age:		Height (meters)			
Adverse Reaction					
Date of Onset:					
Duration:	Less than one hour	Hours	Days	Weeks	Months
Description of ADR:					
Serious: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Seriousness	<input type="checkbox"/> Death		<input type="checkbox"/> Life-threatening	
		<input type="checkbox"/> Hospitalization/prolonged		<input type="checkbox"/> Disabling	
		<input type="checkbox"/> Congenital-anomaly		<input type="checkbox"/> Other medically important condition	
Current Medication (including OTC and herbals)					
Generic/Brand Name	Batch No.	Dose and frequency	Date started	Date stopped	Tick Suspected medicine(s)
Relevant Past Drug Therapy					
Generic/Brand name	Batch No.	Dose and frequency	Date started	Date stopped	Tick Suspected medicine(s)
Relevant Medical History					
Laboratory tests results:					
Action taken:		Outcome of ADR:			
<input type="radio"/> Drug withdrawn <input type="radio"/> Dose increased <input type="radio"/> Unknown <input type="radio"/> Dose reduced <input type="radio"/> Dose not changed <input type="radio"/> Not applicable		<input type="radio"/> Recovered/resolved <input type="radio"/> Recovering/resolving <input type="radio"/> Recovered/resolved with sequelae <input type="radio"/> Not recovered/not resolved <input type="radio"/> Fatal <input type="radio"/> Unknown			
Reported by					
Forename(s) & Surname:					
Designation:					
Email Address:					
Phone Number					
Name & Address of Institution					
Send to: The Director-General, Medicines Control Authority of Zimbabwe, 106 Baines Avenue, P O Box 10559, Harare Tel: +263-4-708255 or 792165, E-mail: mcaz@mcaz.co.zw , website: www.mcaz.co.zw , online: www.e-pv.mcaz.co.zw					

NB. This form may be completed for any ADR related to medicines or medical devices.

Please attach any other additional information, including an anonymized picture of the ADR (with patient's consent)