

**PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION**

<b>Spontaneous Adverse Drug Reaction (ADR) Report Form</b>					
Identities of Reporter, Patient and Institute will remain confidential					
<b>MCAZ Reference Number</b> (MCAZ use only)					
<b>Patient Details</b>					
<b>Clinic/Hospital Name:</b>		<b>Clinic/Hospital Number</b>			
<b>Patient Initials:</b>		<b>VCT/OI/TB Number</b>			
Date of Birth:		Weight (Kg)	<b>Sex:</b>		
Age:		Height (meters)			
<b>Adverse Reaction</b>					
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	
<b>Current Medication</b> (including OTC and herbals)					
Generic/Brand Name	Batch No.	Dose and frequency	Date started	Date stopped	Tick Suspected medicine(s)
<b>Relevant Past Drug Therapy</b>					
Generic/Brand name	Batch No.	Dose and frequency	Date started	Date stopped	Tick Suspected medicine(s)
Relevant Medical History					
Laboratory tests results:					
<b>Action taken:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Drug withdrawn</li> <li><input type="radio"/> Dose increased</li> <li><input type="radio"/> Unknown</li> <li><input type="radio"/> Dose reduced</li> <li><input type="radio"/> Dose not changed</li> <li><input type="radio"/> Not applicable</li> </ul>		<b>Outcome of ADR:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Recovered/resolved</li> <li><input type="radio"/> Recovering/resolving</li> <li><input type="radio"/> Recovered/resolved with sequelae</li> <li><input type="radio"/> Not recovered/not resolved</li> <li><input type="radio"/> Fatal</li> <li><input type="radio"/> Unknown</li> </ul>			
<b>Reported by</b>					
Forename(s) & Surname:					
Designation:					
Email Address:					
Phone Number					
Name & Address of Institution					
<b>Send to:</b> The Director-General, Medicines Control Authority of Zimbabwe, 106 Baines Avenue, P O Box 10559, Harare <b>Tel:</b> +263-4-708255 or 792165, <b>E-mail:</b> <a href="mailto:mcaz@mcaz.co.zw">mcaz@mcaz.co.zw</a> , <b>website:</b> <a href="http://www.mcaz.co.zw">www.mcaz.co.zw</a> , <b>online:</b> <a href="http://www.e-pv.mcaz.co.zw">www.e-pv.mcaz.co.zw</a>					

**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)**