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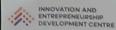
TO WHOM SO EVERIT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.















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Mechanism of collection analysis and reporting of ADR

The adverse drug reaction noticed in the hospital will be recorded in the incidence form and brought under the notice of hospital superintendent.

The superintendent conveys the details to pharmacy and therapeutic committee for review.

The committee will enquire regarding probable reason for the ADR and suggest appropriate action to be taken.

The same will be reported to the coordinator, Peripheral pharmacovigilance center (PPvC), Vaidya Ratnam P.S Varier Ayurveda College, Kottakkal, Kerala.

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Dr. T. N. HARIKRISHNAN Professor & HOD Dept. of RS & BK KMCT AMC



PRINCIPAL K.M.C.T. AYURVEDA MEDICAL COLLEGE











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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

ADVERSE DRUG REACTION(ADR) FORM

DATE OF REPORTING &TIME:

Date of onset & origin	nally suspected ADR	:	
ADR originally identifi	ied by		
Primary drug /suspec	ted	:	
Drug category		:	
Dosage and frequenc Route	y ordered	:	
If a drug interaction, what are the participant drugs?		:	
	what are the participant drugs?	:	
Name of the patient:		MRDNO:	Room No:
PRODUCT INFORMAT	<u>TION</u>		
MFD/Batch No:	Ex	φ Date:	
Source of drug :(Hosp	oital name) Pharmacy / Outside phare	macy	
OUTCOME OF ADR			
Hospital Admission		Prolongation of Hospital Stay	,
Drug adjustment or Discontinuation		Treatment	
Complication of Diag	nosed Disease state	Patient Death	
Considered significan	t but cannot be categorized as above	•	
Nausea	Shortness of breath	Breathing difficulty	Bloating
Vomiting	Increased heartrate	Fatigue	Bleeding
Diarrhoea	Itching & Rashes		Ulcerations in
Abdominal	reming a rasiles	Cramps	mouth
Discomfort	Dizziness	Headache	Constipation
Heartburn	Hiccups	Dryness of mouth	Hair loss
Other(please specif	fy)		
Reported by:	E	mp. No:	Signature
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