|  |  |
| --- | --- |
| **Date:** | PTC / PQC number (for QA Pharmacist use only): |
|  |  |
|  |  |

**Patient information:**

Initials and Surname:

|  |  |  |  |
| --- | --- | --- | --- |
| Age / Date of Birth (DOB): | Gender: | Male 🞏 | Female 🞏 |
|  |  |  |  |

**Product Technical / Quality Complaint details:**

**Searle Product / Device information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Product / Device name: | | | Strength: | | Pack Size: | | | Batch No: | | Sample Available? | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Yes 🞏 | No 🞏 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Yes 🞏 | No 🞏 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Device Model Number: |  |  |  |  |  |  | Serial Number: | |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| **Who reported the PTC / PQC?** | | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Name and Surname: | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Address (in full please) of | |  |  |  |  |  |  |  |  |  |  |  |
| Practice / Hospital / Pharmacy: | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Phone / Fax / E-mail: | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  | |  |  |  |  | |  |  |  |
| Doctor: | |  | Patient: | |  |  | Other: | Specify: | |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Searle Rep Name and Surname: | | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |
| Cell number: | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |



Please send the completed form by e-mail to The Searle Company Ltd Pakistan. E-mail: [pv@searlecompany.com](mailto:pv@searlecompany.com)

You may also send the completed form to: **Pharmacovigilance** **Department**, The Searle Company LtdPakistan, 2nd Floor, One IBL Centre, Plot# 1, Block 7 & 8, DMCS, Tipu Sultan Road, Off. Shahrah-e-Faisal, Karachi, Pakistan.  Phone: +92 21 3567-4321 or Fax: +92 21 3568-7693