|  |  |
| --- | --- |
| **Date:** | PTC / PQC Number: |

|  |  |
| --- | --- |
| 1. **Patient information** | |
| Patient’s Initials: | Age / Date of Birth (DOB): |
| Gender: 🞏 Male 🞏 Female | City: |

|  |
| --- |
| 1. **Product Technical / Quality Complaint details:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Searle /IBL Product / Device information** | | | | | |
| Product / Device name: | | Strength: | Pack Size: | Batch No: | Sample Available? |
|  | |  |  |  | 🞏 Yes 🞏 No |
| Device Model: | | | | | Serial Number |
| 1. **Reporter Details (Who reported the PTC / PQC)** | | | | | |
| Name and Surname: |  | | | | |
| Reporter status | 🞏 Patient 🞏 Doctor 🞏 Pharmacist 🞏 other, specify | | | | |
| Address (Clinic, Hospital, Pharmacy) |  | | | | |
| Phone, Email Details: |  | | | | |
| Searle/IBL representative  Name: |  | | | | |
| Phone & email details |  | | | | |
| Date of report: |  | | | | |

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