|  |  |
| --- | --- |
| **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:**
 |
|  |

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| --- |
| 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 representativeName: |  |
| 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

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