

Form No.: 08-05-MKT-M-001-F01	 <b>The ACME Laboratories Ltd.</b> Dhaka, Bangladesh	Rev. No.: 03
Effective Date: 06.04.2026		Page No.: 1 of 2
<b>Suspected Adverse Event Reporting Form</b> <i>Identities of reporter, patient, institution and Product brand name (s) will remain confidential</i>		

**FOR OFFICE USE ONLY**

AE report number _____	Date received _____
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**A. PATIENT INFORMATION**

Name/Initial:	*Age----- Weight (Kg)-----*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	<input type="checkbox"/> Other
Contact number:	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable

**B. SUSPECTED ADVERSE EVENT INFORMATION**

*Type of event	Suspected product
<input type="checkbox"/> Adverse drug reaction	Brand/Trade name _____ * Generic name with strength _____
<input type="checkbox"/> Product quality problem	*Indication _____
<input type="checkbox"/> Medication error	*Medication Start Date _____ End Date _____
<input type="checkbox"/> Others (Please specify)	Form _____ * Frequency (Daily Dose) _____
	Batch/Lot number _____ Manufacturer _____

**\*Describe event including relevant tests and laboratory results:**

*Event start Date — — — — —	Was the adverse event treated? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Event stopped Date _____	If yes, please specify:

<b>Action taken after reaction:</b> <input type="checkbox"/> Dose stopped <input type="checkbox"/> Dose reduced <input type="checkbox"/> No action taken	<b>Did reaction subside after stopping/ reducing the dose of the suspected product?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  <b>Did reaction appear after reintroducing the suspected product?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
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<b>Seriousness of the adverse event:</b> <input type="checkbox"/> Not serious <input type="checkbox"/> Hospitalization or prolongation of hospitalization <input type="checkbox"/> Disability or permanent damage <input type="checkbox"/> Congenital anomaly / birth defect <input type="checkbox"/> Life threatening <input type="checkbox"/> Death <input type="checkbox"/> Other Medically important	<b>*Outcomes attributed to the adverse event:</b> <input type="checkbox"/> Recovered <input type="checkbox"/> Recovered/resolved with sequella <input type="checkbox"/> Not recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Fatal (date of death: _____)
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**Other relevant history: (pre-existing medical history)**

Hypersensitivity  Allergies  Liver or kidney problems  Smoking  Alcohol  Diabetes

Others (Please specify):

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C. *OTHER CONCOMITANT MEDICINE INFORMATION				
Brand/ Trade Name	Generic name	Indication	Dosage form	Strength & Frequency

D. *REPORTER INFORMATION	
*Name & Address _____	
*Email address _____	*Mobile phone _____
*Occupation _____	
*Signature _____	*Date of this report submission _____

**\* Mandatory Information**

<p><b>General instructions for completing the form</b></p> <ul style="list-style-type: none"> <li>Fill in as much information as possible. Do not leave anything blank. If unknown, write “unknown” or “n/a” if not applicable.</li> <li>Additional pages can be used/added if necessary.</li> </ul>	<p><b>What to report:</b></p> <ul style="list-style-type: none"> <li>Serious adverse drug reactions</li> <li>Unknown or unexpected ADRs</li> <li>All suspected reactions to new drugs</li> <li>Unexpected therapeutic effects</li> <li>All suspected drug interactions</li> <li>Product quality problems</li> <li>Treatment failures</li> <li>Medication errors</li> </ul>
<p><b>How to report:</b>          Suspected and observed drug-related reactions must be reported using the electronic version of the reporting form in a fillable pdf available on the ACME website (www.acmeglobal.com).          ADE reports can be submitted via Email (drugsafety@acmeglobal.com)          In emergency cases when forms are not readily available ADE reports can also be made to the MSPD by helpline number (+8801799998997)</p>	

<p><b>ঔষধ ব্যবহারকারীদের নির্দেশনা:</b></p> <p>১. চিকিৎসকের ব্যবস্থাপত্র ব্যতীত এন্টিবায়োটিক বা অন্য কোন ঔষধ ক্রয় ও ব্যবহার করবেন না          ২. চিকিৎসকের ব্যবস্থাপত্র অনুযায়ী সঠিক মাত্রায়, সঠিক পদ্ধতিতে পূর্ণ কোর্স এন্টিবায়োটিক ব্যবহার করুন ও শারীরিকভাবে সুস্থ্যতা অনুভব করলেও এন্টিবায়োটিকের পূর্ণ কোর্স সম্পূর্ণ করুন</p>	<p><b>Send all completed forms to:</b>  <b>Medical Services &amp; Pharmacovigilance Dept.</b>          The ACME Laboratories Ltd.          1/4, Kallayanpur, Mirpur, Dhaka 1207, Bangladesh          Tel: +88 02 4100051-3, Ext. 170          Fax: +88-02-41000047          Helpline number: +8801799998997          E-mail: aakhter.msd@acmeglobal.com          drugsafety@acmeglobal.com</p>	<p>Suspected Adverse Drug Reaction (ADR) সংক্রান্ত আপনার একটি রিপোর্ট ঔষধটির Unknown Side Effects থেকে অসংখ্য মানুষকে রক্ষা করতে সাহায্য করবে।</p>
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**ঔষধের বিরূপ প্রতিক্রিয়ার রিপোর্টিং এবং ঔষধের মান সম্পর্কিত সকল তথ্য জানতে হেল্পলাইন নাম্বারটি ব্যবহার করুন**