Updated May 2022

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| **EPHMRA Market Research Adverse Event / Product Complaint / Special Reporting Situation (AE/PC/SRS Reporting Form – TEMPLATE**  For use in Market Research with Healthcare Professionals (HCPs) and Non-HCPs | | | | | |
| Market Research Agency and Project Details | | | | | |
| Market Research Agency name:  Full Address:  Country:  Zip Code: |  | | | | |
| Market Research Agency telephone number:  Country Code:  Number: |  | | | | |
| Market Research Agency email address: |  | | | | |
| Research Interviewer’s name:  Title:  First name:  Surname: |  | | | | |
| Research Interviewer’s email address: |  | | | | |
| Date aware of AE/PC/SRS (\*) |  | | | | |
| Agency Market Research Project title/reference number |  | | | | |
| MAH (\*\*) project number / Company ID |  | | | | |
| Respondent ID or AE/PC/SRS number |  | | | | |
| **Medicine/Device and Event Details** | | | | | |
| No. of patients:  *(Select 'multiple patients' only if individual identifying details are not available, otherwise please complete separate AE reports)* | Individual patient:  Multiple patients:  State number of patients if known: | | | | |
| Availability of patient information | YES | | NO | | |
| Age | YEARS | | | | |
| Gender | FEMALE | | MALE | | |
|  | OTHER | | PREFER NOT TO STATE | | |
| **Medicine /Device and Event Information** | | | | | |
| Medicine/Device Name |  | | | | |
| Indication/condition for which medicine(s) prescribed/device used  for): medicine |  | | | | |
| Description of Adverse Event:  *Please describe as fully as possible* |  | | | | |
| medicine |  | | | | |
| Daily Medicine: |  | | | NOT KNOW | |
| Lot/batch number for Medicine: |  | | | NOT KNOW | |
| Frequency of dose of Medicine: |  | | | NOT KNOW | |
| Route of administration/form of Medicine |  | | | NOT KNOW | |
| Reported to local regulator? | YES | NO | | | DON’T KNOW |
| Does reporter think event might have been related to the medicine? | YES | NO | | | DON’T KNOW |
|  |  |  | | |  |
| **Market Research Subject/Reporter details** | | | | | |
| Market Research subject / Reporter name | Title:  First name:  Surname: | | | | |
| Reporter type (E.g., doctor, patient / consumer) |  | | | | |
| Does the Market Research subject / Reporter accepts to provide their contact details (e.g., address; email/phone optional)? | YES, ACCEPTS | | | | |
| NO,DECLINES | | | | |
| Does the Market Research subject / Report accept to be contacted for follow up | YES, ACCEPTS | | NO, DECLINES | | |
|  | | | | |
| Is the Market Research subject / Reporter a patient / consumer? | |  |  | | --- | --- | | YES | NO | | | | | |

\* AE/PC/SRS = Adverse Event, Product Complaint and Special Report Situations

\*\* MAH = Marketing Authorisation Holder

HCP = Healthcare Professional (e.g., physician, nurse, pharmacists)

Non-HCP = Non-Healthcare Professional (e.g., consumer/patient, payer)