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 |
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| Is the Market Research subject / Reporter a patient / consumer? |

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| YES | NO |

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\* 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)